

EXPOSURE CONTROL PLAN



GETTYSBURG COLLEGE

Office of the Provost
300 N. Washington St.
Gettysburg, PA 17325
717-337-6813

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1.0 Introduction

1.1 Occupational Exposures to Bloodborne Pathogens (29 CFR 1910.1030)

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) published its final rule concerning Occupational Exposures to Bloodborne Pathogens (29 CFR 1910.1030). The rule requires that affected employers develop a written Exposure Control Plan that identifies job classifications in which it is “reasonably anticipated” that employees will be exposed to blood or other potentially infectious materials. The rule also requires that employers specify means to eliminate or minimize exposure to blood or other potentially infectious materials and train those employees identified.

This document constitutes the Exposure Control Plan of Gettysburg College. It is designed to provide information on procedures and regulations regarding bloodborne pathogens, to assure that those College employees who are at risk are familiar with the hazards of blood and other potentially infectious materials, to ensure that proper provisions are in place to eliminate or minimize exposure, and to provide information on appropriate treatment and counseling to employees exposed to bloodborne pathogens. Copies of this plan can be obtained from the Office of Human Resources, the Office of the Provost, and the Office of Student Health Services.

1.2 Gettysburg College Statement of Responsibility

In compliance with 29 CFR 1910.1030, titled “Occupational Exposure to Bloodborne Pathogens,” Gettysburg College realizes our responsibility for the protection of our employees. We hereby institute the enclosed Exposure Control Plan to assist us in our safety program.

Gettysburg College hereby appoints William J. Shoemaker to be our Exposure Control Officer. We acknowledge the Exposure Control Officer has the knowledge and authority to implement and enforce our exposure control plan.

Although we, Gettysburg College, are designating Mr. Shoemaker as our Exposure Control Officer, we realize the success of our exposure control plan rests with all of our employees. The ultimate responsibility of the exposure control plan rests with the Board of Trustees and the President of Gettysburg College.

1.3 Scope and Application

This document serves as the written guide for Gettysburg College compliance to 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.” All employees at Gettysburg College who are identified as having a “reasonably anticipated” risk of exposure to blood or other potentially infectious materials are required to comply with this document.

The primary objective of this document is to provide a general guide to minimize all exposures to bloodborne pathogens. The Exposure Control Plan establishes the basic safety principles for procedures, equipment and work practices that are capable of protecting employees from the hazards of bloodborne pathogens. This document is intended only to highlight those safety measures necessary for achieving a safe and healthy work environment. Where the scope of hazards is not adequately addressed by this general document, supervisory personnel must develop specific Standard Operating Procedures.

This document will hereafter be known as the Gettysburg College Exposure Control Plan (GCECP).

1.4 Definitions

The following definitions, most taken directly from the OSHA rule, are provided for easy reference and apply throughout this plan.

Amniotic Fluid means fluid from the uterus

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms 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 (HIV).

Cerebrospinal Fluid means fluid from the spine

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

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 wires.

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.

Employee means any full or part time administrator, faculty, or staff member of the college who is paid through the College payroll system.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required in 29 CFR 1910.1030 paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HCV means hepatitis C virus, formerly referred to as "Non-A Non-B Hepatitis"

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established

- (2) The administration of medications or fluids
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means materials in addition to human blood that may be capable of transmitting bloodborne pathogens. These include:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- (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 infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

Pericardial fluid means fluid surrounding the heart.

Peritoneal fluid means fluid from the abdominal cavity.

Personal Protective Equipment (PPE) 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 protection against a hazard are not considered to be personal protective equipment.

Pleural fluid means fluid from lung tissue.

Post-exposure follow-up is the mandatory course of action taken by the employer in the case of an exposure incident to provide medical services (e.g., medical assessment, vaccination, source testing, baseline testing, counseling) to the exposed worker in order to reduce the risk of infection.

Production Facility means a facility engaged in industrial-scale, large-volume, or high concentration production of HIV or HBV.

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 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.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps include, but are not limited to, needles, syringes, scalpels, and intravenous tubing with needles attached, as well as any contaminated object that can penetrate the skin such as: Pasteur pipettes, razor blades, and capillary tubes.

Sharps with engineered sharps injury protection means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synovial Fluid means fluid from the joints such as the knees or elbows.

Universal Precautions is an approach to infection control. 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.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

1.5 Responsibility

The areas of responsibility central to the implementation of the Gettysburg College Exposure Control Plan (GCECP) include:

1. **The Board of Trustees and President of the College** have ultimate responsibility for health and safety within the institution. General oversight responsibility is assigned to the **Director of Human Resources and Risk Management**. The **Health Services Director** will act as health care advisor for the Exposure Control Officer.
2. **The Exposure Control Officer** will be responsible for maintaining and enforcing the exposure control plan. Activities delegated to the exposure control officer include:
 - a. Overseeing implementation of the Exposure Control Plan
 - b. Developing, in cooperation with administrators, faculty, and staff any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
 - c. Revising, updating, and improving the exposure control plan when necessary, with a minimum of one year between revisions.
 - d. Collecting and maintaining a suitable reference library related to bloodborne pathogens
 - e. Understanding current legal requirements concerning bloodborne pathogens
 - f. Ensuring safety audits are conducted to maintain an up-to-date Exposure Control Plan.
 - g. Ensuring training is available to all employees with reasonably anticipated risk of exposure.
 - h. Coordinating information and general training sessions
 - i. Investigating and retaining records of accidents involving bloodborne pathogens.
 - j. Scheduling service for regulated waste disposal.
 - k. Writing or assisting supervisory personnel in writing standard operating procedures pertinent to their needs
 - l. Providing a copy of the standard (29 CFR 1910.1030) to the healthcare professional responsible for the employee's Hepatitis B vaccination and the healthcare professional evaluating an employee after an exposure incident.
3. **The Supervisory Personnel (including Department Chairpersons, Directors, Principal Investigators, Laboratory**

Supervisors, and Managers) will be responsible for compliance in their areas. They shall work with the Exposure Control Officer and their employees to assure

- a. that employees in their area who are at risk of exposure to bloodborne pathogens receive initial training (including site-specific training) and annual retraining in bloodborne pathogens as outlined in Section 6.2 of this document.
 - b. that employees in their area who are at risk of exposure to bloodborne pathogens receive on-site training regarding engineering controls, work practice controls, personal protective equipment, and proper procedures to follow after an exposure incident
 - c. the bloodborne pathogen risk associated with an employee's job classification when a new employee is hired or an employee changes jobs is determined. This can be done by:
 - i. checking the employee's job classification and the tasks and procedures that he/she will perform against the list of Occupations with Potential for Exposure and Job Hazard Analysis which are identified in Section 2 of this document.
 - ii. checking the job classifications and tasks/procedures pertaining to the employees previous position against these lists
 - iii. Identifying the new job classifications and/or tasks and procedures which will potentially expose the employee to blood or other potentially infectious materials
 - d. records are updated to reflect changes in job classifications or exposure hazards.
 - e. proper exposure control procedures are followed as outlined in Section 3 of this document
 - f. appropriate personal protective equipment is available and in good working condition for all employees at risk of exposure to bloodborne pathogens
 - g. any employee who experiences an occupational exposure incident to blood or other potentially infectious materials is provided with post-exposure medical services as outlined in Section 5.3 of this document.
 - h. all occupational exposure incidents are reported to the exposure control officer.
- 4. Education/Training Coordinator and Trainers** will provide information and training to all employees who have an anticipated risk of exposure to bloodborne pathogens. The Coordinator will:
- a. maintain an up-to-date list of Gettysburg College personnel that have taken the required training and annual retraining.
 - b. develop suitable education/training programs for employees and instructors.

- c. schedule periodic training seminars for employees and review seminars for instructors
- d. maintain appropriate training records
- e. review the training programs, at least annually, to include appropriate new information.
- f. conduct safety audits to ensure that all mandatory training topics, as outlined in Section 6.2.2 of this document are included in training sessions

All trainers must participate in the Bloodborne Pathogens Train-the-Trainer program (see Appendix G)

5. **Employees** are responsible for following procedures and practices as outlined in the Exposure Control Plan. This includes, but is not limited to:
- a. attending the bloodborne pathogen initial training session and annual retraining sessions.
 - b. Attending site-specific training and annual retraining.
 - c. Maintaining a thorough understanding of the GCECP.
 - d. Demonstrating an understanding of which tasks have a potential occupational exposure to bloodborne pathogens.
 - e. Conducting all operations in accordance with the GCECP.
 - f. Following Universal Precautions
 - g. Developing and maintaining good personal hygiene habits
 - h. Reporting all occupational exposure incidents to their supervisor.

Failure to follow procedures and practices outlined in the Exposure Control Plan is a serious breach of college policy and subject to disciplinary action that might include termination of employment at the college. The procedures to be followed in the event of such action shall be in keeping with existing guidelines as stated in the appropriate handbook for faculty, administration, or staff.

1.6 Availability

The Gettysburg College Exposure Control Plan must be readily available to all employees through their supervisor. Employees must have access to this copy of the plan. Employees are to be advised of the availability of the plan during their education/training sessions. Copies of the Exposure Control Plan are available for each supervisor in areas where exposure to bloodborne pathogens can be anticipated. Although it is not necessary for

each employee to have an individual copy, additional copies are available from the Exposure Control Officer.

1.7 Annual Review

The Gettysburg College Exposure Control Plan will be reviewed and updated:

1. annually
2. when new or modified tasks and procedures are implemented which affect occupational exposure of employees
3. when new functional positions are established that may involve exposure to bloodborne pathogens
4. to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens

2.0 Exposure Determination

2.1 Occupations with the Potential for Exposure

The College is required to prepare a list of all job classifications in which all employees in those job classifications have occupational exposure, and a list of job classifications in which some employees have occupational exposure. Occupational exposure means any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. If a position has the potential for such occupational exposure, without regard to personal protective equipment, the position shall be considered regulated by 29 CFR 1910.1030 and subject to this exposure control plan.

An assessment of the College's operations has identified the following job classifications in which all employees in those positions have a reasonable anticipation of occupational exposure:

Position	Department
Athletic Equipment Manager	Athletics
Athletic Equipment Specialist	Athletics
Athletics Trainer	Athletics
Athletics Trainer, Assistant	Athletics
Athletics Trainer, Head	Athletics
Cheerleading Advisor	Athletics
Coach, Club Sports	Athletics
Coach, Head	Athletics
Director of Recreation	Athletics
Lifeguard	Athletics
Laboratory Technician	Biology
Administrative Assistant	Civil War Institute
Program Manager	Civil War Institute
All Custodial Employees	Custodial Services
All GRAB Employees	Experiential Education
Floor Crew Workers	Facilities Services
Housekeepers	Facilities Services
Project Crew Workers	Facilities Services
Refuse Hauler	Grounds Services
Medical Assistant	Health Center Services
Nurse Practitioner	Health Center Services
Registered Nurse (Staff Nurse)	Health Center Services
Asst Mechanical Trades Mechanic	HVAC Services
Manager of Energy & HVAC	HVAC Services
Mechanical Trades Leader	HVAC Services

Plumber	HVAC Services
Trades Worker III	HVAC Services
House Manager/PA to President	President's House
Environmental Health & Safety Officer	Risk Management
Associate Director	Security Services
Community Service Officer	Security Services
Fire Safety Team Leader	Security Services
Operations Supervisor	Security Services
Supervisor Services III	Security Services

An assessment of the College's operations has identified the following job classifications in which some employees in those positions have a reasonable anticipation of occupational exposure:

Position	Department
Coach, Assistant	Athletics
Graduate Assistants	Athletics
Professor (all ranks)	Biology
Laboratory Instructor	Biology
Student Workers	Biology
Professor (all ranks)	Chemistry
Laboratory Instructor	Chemistry
Student Assistants	Civil War Institute

2.2 Job Hazard Analysis

The College is required to prepare a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed in Section 2.1

As assessment of the College's operations has identified the following tasks and procedures, listed by job classification, in which occupational exposure occurs:

Job Classification	Tasks
Nurse Practitioners/ Registered Nurses (Staff Nurses)	Venipuncture, parenteral medication administration, lab specimen collection and processing, providing and assisting with minor medical/surgical procedures and exams; providing first aid, wound care, blood and body fluid clean up,

	resuscitation and handling regulated waste
Medical Assistant	Assists physicians, nurse practitioners, and registered nurses with venipuncture, parenteral medication administration, lab specimen collection and processing, minor medical/surgical procedures and exams; providing first aid, wound care, blood and body fluid clean up, resuscitation and handling regulated waste
Athletic trainers, coaches, graduate assistants, lifeguards, experiential education workers, security department workers, civil war institute workers	Providing first aid, wound care, blood and body fluid clean up, resuscitation and handling of regulated waste
Custodians, athletic equipment managers and specialists, student workers, facilities department workers, refuse haulers, house manager	Providing blood and body fluid clean; handling laundry soiled with blood or other potentially infectious materials
Environmental health & safety officer, laboratory technician	Emergency response and routine duties in environments where human blood or other potentially infectious materials are present; handling of regulated waste
Professors, instructors, lab instructors, lab assistants, teacher specialists	Processing and analyzing blood and other potentially infectious materials, including blood components and tissue cultures; handling of regulated waste; providing first aid, wound care, blood and body fluid clean up.

3.0 Methods of Compliance

3.1 Universal Precautions

Employees of Gettysburg College shall observe universal precautions to prevent contact with blood or other potentially infectious materials. Universal precautions is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infected with HIV, HBV, and other bloodborne pathogens.

Universal precautions apply to blood and body fluids containing visible blood, tissues, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures.

Universal precautions currently do not apply to feces, nasal secretions, sputum (spit), sweat, tears, urine, vomit, or saliva **unless they are visibly contaminated with blood**. In circumstances where it is difficult or impossible to differentiate between body fluid types, all fluids are assumed to be potentially infectious.

3.2 Engineering Controls

Engineering controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

The exposure control officer and departments will review tasks and procedures performed to determine where engineering controls can be implemented or updated.

The following engineering controls are to be used throughout the college:

1. **Safer Sharps devices** are to be used, where appropriate, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

NOTE: Needles that will not become contaminated with blood during use (such as those used to draw medication from vials) are not required to have engineering controls.

2. **Hand washing facilities** are readily accessible to all employees who have a potential for exposure. Waterless antiseptic hand cleansers or antiseptic towelettes must be available to employees at risk of exposure if running water is not readily available. If waterless cleansers or towelettes must be used, the employee must follow-up with a soap and water wash as soon as feasible.

3. **Emergency eye wash stations** are in close proximity to workstations where employees perform tasks that produce splashes of potentially infectious materials. Eyewash stations should meet the following ANSI requirements:
 - a. Provide at least 0.4 gallons of water per minute for 15 continuous minutes, flushing both eyes simultaneously with hands free to hold eyes open.
 - b. Eye wash facilities must not exceed 95 psi water flow pressure.
 - c. Eye wash facilities must be flushed on a regular basis. A weekly five minute flush is recommended.

Specifications for eyewash stations found in the Gettysburg College Chemical Hygiene Plan must be adhered to in areas where hazardous chemicals are used. Please direct your questions regarding the design of the eye wash facility specific for your department to the exposure control officer.

4. **Sharps containers** are used to properly store and dispose of sharps. Approved sharps containers are designed to isolate the cut or puncture hazard associated with handling sharp items such as needles, scalpels, or Pasteur pipettes. Approved sharps containers are:
 - a. Puncture resistant
 - b. Red in color or labeled with a biohazard warning label
 - c. Leak-proof on the sides and bottom
 - d. Closable
5. **Storage and/or transport containers** are used to reduce the potential for an environmental release of potentially infectious materials. Primary containers should be designed to be leak-proof, puncture-resistant, and capable of being closed. Single primary containers used for potentially infectious materials should be labeled with the biohazard symbol. If multiple primary containers are stored in a secondary container (such as a rack of specimen tubes contained in a cooler for transport), only the secondary container must be labeled with the biohazard symbol. Secondary containers are used for additional protection against an environmental release and therefore must be leak-proof, puncture-resistant, and capable of being closed. Labeling of the secondary container with emergency contact information is required. Use of secondary containers is required for any transportation or long-term storage of all potentially infectious materials.
6. **Proper use of secondary containers for shipment of potentially infectious materials to destinations off campus is essential.** A minimal system includes a primary container as previously described, enclosed in a secondary container that contains enough shock-resistant, absorbent material to accommodate the contents of the primary container. The secondary container must then be

placed in an appropriate shipping container that is labeled in accordance with applicable shipping regulations. For assistance regarding packaging of potentially infectious materials for off campus shipment, contact the exposure control officer.

3.3 Work Practice Controls

Work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Supervisors, working in conjunction with Deans, Directors, Chairpersons or designees will oversee the implementation and revision of work practice controls in cooperation with the exposure control officer.

The following work practice controls are to be used throughout the college:

1. Employees will wash their hands:
 - a. After removal of gloves or other personal protective equipment
 - b. When visible contamination with blood, body fluids, or other potentially infectious materials are present
 - c. When work is completed and before leaving the laboratory
 - d. Before eating, drinking, smoking, applying makeup, changing contact lenses, or using the bathroom.
 - e. Before activities that entail hand contact with mucous membranes, eyes, or breaks in the skin

Regular soap and warm water is adequate for hand washing. Use antiseptic soap when the removal of both transient and resident microorganisms is desired. If a waterless hand cleanser or antiseptic towelettes are used due to lack of available running water, the employee must follow-up with a soap and water wash as soon as feasible.

2. Contaminated needles and other contaminated sharps must not be bent, recapped, or removed unless:
 - a. It can be demonstrated that there is no feasible alternative or
 - b. The action is required by a specific medical procedure

Removing the needle from a used blood-drawing/phlebotomy device is rarely, if ever, required by a medical procedure. When recapping or removal of needles is required because there are no alternatives, a mechanical device or a one handed method must be used.

3. Use mechanical means (e.g., tongs) when handling contaminated sharps when possible and eliminate hand-to-hand passing of sharp instruments.
4. Contaminated sharps must be placed in appropriate containers immediately, or as soon as possible after use in accordance with Section 3.5.2.1 of this document..
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is a potential for exposure to bloodborne pathogens.
6. Food and drink must not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.
7. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
8. Minimize splashing, spraying, or other actions generating droplets of blood or other potentially infectious materials during all procedures.
9. Specimens of blood or other materials must be placed in designated leak-proof, puncture-resistant containers, appropriately labeled for handling and storage. If outside contamination of a primary specimen container is likely or the contents could puncture the primary container, that container must be placed within a second leak-proof, puncture-resistant container, appropriately labeled, for handling and storage.
10. Primary containers of potentially infectious materials must be placed in leak-proof, puncture-resistant, closable secondary containers for transportation outside of the work area.
11. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary. The decontaminated equipment shall be prominently labeled with an Equipment Release Form (Appendix E). In the event that decontamination is not feasible, the following rules must be observed.
 - a. A readily observable label in accordance with Section 6.1 shall be attached to the equipment stating which portions remain contaminated.
 - b. Gettysburg College shall insure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

3.4 Personal Protective Equipment (PPE)

3.4.1 Provision

Personal protective Equipment will be provided by Gettysburg College, at no cost, to the employee with an occupational exposure to blood or other potentially infectious material. The equipment may include, but is not limited to: gloves, gowns, laboratory coats, face shield/masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

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

3.4.2 Use

Employees must use appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance the use of PPE would have:

1. prevented the delivery of health care or public safety services
2. posed an increased hazard to the safety of the worker or coworker.

When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

3.4.3 Accessibility

Supervisory personnel shall ensure that appropriate personal protective equipment, in the appropriate size, is readily accessible at the worksite or issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily available to those employees who are allergic to the gloves normally provided.

Employees must be trained regarding the use of the appropriate personal protective equipment for their job classification and the tasks/procedures they perform. This training will be documented

through the completion of the BBP Site Specific Training Checklist form (Appendix B).

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, supervisory personnel must periodically inspect PPE and repair or replace as needed.

3.4.4 Cleaning, Laundering, and Disposal

The College shall provide for the cleaning, laundering, and disposal of personal protective equipment required by this section, at no cost to the employee.

3.4.5 Repair and Replacement

The College shall provide for the repair or replacement of personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.

All personal protective equipment shall be removed prior to leaving the work area.

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

3.4.6 Gloves

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

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

3.4.7 Masks, Eye Protection, and Face Shields

Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face 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.

3.4.8 Gowns, Aprons, and Other Protective Body Clothing

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

3.5 Housekeeping

3.5.1 General

The College shall ensure that the worksite is maintained in a clean and sanitary condition. The departments and units, together with Facilities Services and in cooperation with the exposure control officer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the College, type of surface to be cleaned, type of soil present, and tasks/procedures being performed in the area.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. The following must be done:

1. Gross contamination (spills) must be cleaned up before decontaminating to ensure the disinfectant is completely effective. Spills should be covered with an absorbent material (it is recommended to add a disinfectant to the absorbent material if it does not contain one), wiped up and disposed of in a biohazard bag.
2. Contaminated surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures;

- immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious material; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
3. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental services, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
 4. All bins, pails, cans, and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, should be lined with biohazard bags. If not, they shall be inspected, and decontaminated on a regularly scheduled basis. Furthermore, they shall be cleaned and decontaminated immediately, or as soon as feasible, upon discovery of visible contamination.
 5. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

NOTE: Any department that has a potential for a spill of potentially infectious materials should have a spill response procedure and spill kit available for use.

3.5.2 Regulated Waste

3.5.2.1 Contaminated Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are

1. closable
2. puncture resistant
3. leakproof on sides and bottoms
4. labeled or color-coded in accordance with Section 6.1 of this document

During use, containers for contaminated sharps shall be:

1. easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can reasonably be anticipated to be found
2. maintained upright throughout use
3. replaced routinely and not allowed to be overfilled.

When moving containers of contaminated sharps from the area of use, the container shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, and shipping.

If leakage is possible the containers of contaminated sharps should be placed in secondary containers which shall be:

1. closable
2. constructed to contain all contents and prevent leakage during handling, storage, transport, and shipping
3. labeled or color-coded according to Section 6.0 of this document.

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

3.5.2.2 Other Regulated Waste

Regulated waste shall be placed in containers which are:

1. closable
2. constructed to contain all contents and prevent leakage during handling, storage, transport, and shipping
3. labeled or color-coded according to Section 6.1 of this document.
4. closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container which shall be:

1. closable
2. constructed to contain all contents and prevent leakage during handling, storage, transport, and shipping
3. labeled or color-coded according to Section 6.1 of this document
4. closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the Commonwealth of Pennsylvania, Adams County, and the Borough of Gettysburg.

3.5.3 Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with Section 6.1 of this document. When a department of the College utilizes universal precautions in the handling of soiled laundry, alternative labeling, or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Employees who have contact with contaminated laundry are required to wear protective gloves and other appropriate personal protective equipment.

When contaminated laundry must be shipped off-site to a second facility which does not utilize universal precautions in the handling of laundry, the department generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with Section 6.1 of this document.

4.0 HIV and HBV Research Laboratories/Production Facilities

Gettysburg College does not have HIV or HBV research laboratories or production facilities that are engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV as defined by this standard. The Gettysburg College Exposure Control Plan will be modified to meet these requirements if the research status changes on this campus. These special requirements for HIV or HBV research laboratories do not apply to clinical or diagnostic laboratories that are engaged solely in the analysis of blood, tissues, or organs.

5.0 Hepatitis B Vaccination and Post-Exposure Follow-Up

5.1 General

The College shall make available the Hepatitis B vaccination to all employees who have reasonable potential for occupational exposure, and post-exposure evaluation and follow-up to all employees who have a work-related exposure incident.

The College shall ensure that all medical evaluations and procedures including the Hepatitis B vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. made available at no cost to the employee
2. made available to the employee at a reasonable time and place
3. performed under the supervision of a licensed physician or under the supervision of another licensed healthcare professional
4. provided according to the recommendations of the U.S. Public Health Service current at the time these evaluation and procedures take place, except as otherwise specified by this section.

The College shall ensure that all laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

5.2 Vaccination Program

Hepatitis B vaccination shall be made available to all employees identified as having a reasonable potential for occupational exposure (see Section 2.1). The vaccine series shall be made available after the employee has received required training (see Section 6.2) and within ten working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccination is contraindicated for medical reasons.

The College shall not make participation in an antibody prescreening program a prerequisite for receiving the Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination, but at a later date while still covered under the standard decides to accept the vaccination, the College shall make available Hepatitis B vaccination at this time.

Employees who accept the Hepatitis B vaccination offered by the college shall sign the Vaccine Administration Consent Form, shown in Appendix C. Employees who decline to accept the Hepatitis B vaccination offered

by the College must sign the vaccine declination statement given in Appendix C.

If a routine booster dose or doses of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available in accordance with Section 5.1.

To provide the greatest degree of protection from the possibility of Hepatitis B infection, the College has implemented a vaccination program through the Gettysburg Hospital Community Program. This program is available, at no cost, to all employees who have a reasonable potential for occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their bloodborne pathogens training, employees shall receive information regarding the Hepatitis B vaccine, including its safety and effectiveness.

The exposure control officer shall maintain a list of employees who elect to take advantage of the vaccination program and employees who decline to take part in the program.

Changes in the personnel database, indicating new hires and job transfers, shall be forwarded to the exposure control officer to ensure records of those employees identified by job classification as having a reasonable potential for occupational exposure are up to date.

The Gettysburg Hospital Community Program shall be responsible for setting up appointments and administering the vaccine. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. A medical records file shall be maintained for each employee taking part in the vaccination program.

5.3 Post-Exposure Evaluation and Follow-Up

Following a report of an exposure incident, Gettysburg College shall make immediately available to the exposed employee a confidential medical evaluation and follow-up. This evaluation can best be accomplished at:

Gettysburg Hospital
Department of Emergency Medicine
147 Gettys Street
Gettysburg, PA 17325
717-334-2121

to facilitate immediate post-exposure prophylaxis (PEP) in the event the exposure is determined to be significant. Timing is of the utmost importance as PEP should be started within several hours of the exposure.

The employee may also obtain the evaluation at any other designated healthcare professional as listed on the Gettysburg College Panel of Providers (available from the Human Resources office or by contacting Mary Ann Remalay at 717-337-6069)

5.3.1 Treatment of the Exposure Site

If contact with blood or other potentially infectious material occurs on intact skin, the employee should wash the skin immediately with soap and water. If the contact was prolonged, or if there is any doubt regarding the condition of the contaminated skin, the employee must be medically evaluated as described in this section. The use of antiseptics is not contraindicated for cleansing but caustic agents such as bleach should not be used.

If contact with blood or other potentially infectious material occurs on skin with cuts, rashes, acne, or dermatitis, the employee should wash the skin immediately with soap and water for 15 minutes and obtain a medical evaluation as described in this section. The use of antiseptics is not contraindicated for cleansing but caustic agents such as bleach should not be used.

If blood or other potentially infectious material splashes in the eyes or on mucous membranes, the employee should flush the area immediately with water for 15 minutes and obtain a medical evaluation as described in this section.

5.3.2 Assessment of Infection Risk

Post-exposure prophylaxis (PEP) for HIV infection shall be determined by the health care professional in accordance with the recommendations of the U.S. Public Health Service.

The combination antiretroviral drugs are potentially toxic and are not indicated for exposures with negligible risks. However, these regimens can significantly reduce the risk of developing HIV following an exposure to HIV positive blood or when information suggests the likelihood of such an exposure. PEP is most effective if given within the first two hours or as soon as possible after an exposure. It may be initiated after a longer interval (even 1—2 weeks) but its efficacy may be less with delay.

The assessment also includes testing for HBV and HCV antibodies. Hepatitis B Immune Globulin may be given, if the test for HBV antibodies is negative, along with a dose of HBV vaccine. There currently is no preventive vaccine for HCV.

5.3.3 Definition of Significant Exposure

A significant exposure is one in which a worker is at risk for HIV infection and requires consideration of PEP. It is defined by the Centers for Disease Control and Prevention (CDC) as a percutaneous injury (e.g., a needle stick or cut with a sharp object), contact of mucous membranes or non intact skin (e.g., when the exposed skin is chapped, abraded, or afflicted with dermatitis) or if the contact is prolonged (i.e., several minutes or more) or involves an extensive area, with blood, tissue, or body fluids.

5.3.4 Post-Exposure Procedures

The following post-exposure procedures shall be followed:

1. The employee shall treat the exposure site in accordance with Section 5.3.1 of this document.
2. The employee shall report the incident to a supervisor.
3. The employee shall seek a medical evaluation and follow-up immediately. Transportation to a medical facility shall be provided by the Department of Security Services (717-337-6911) upon employee request.
4. The supervisor shall report the incident to the exposure control officer.
5. The exposure control officer shall provide information to the healthcare professional in accordance with Section 5.3.5 of this document.
6. The physician shall document the route(s) of exposure, the circumstances under which the exposure incident occurred, and the identity of the source individual (unless identification is infeasible or prohibited by state or local law).
7. If the exposure is determined to be significant, the employee is so advised and testing for HIV, HCV, and HBV surface antibodies is recommended. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. If the exposed person tests negative for HBV

antibodies and had previously received the HBV series, a booster dose is administered and follow-up testing is done 6 weeks later. Up to 3 boosters may be given at 6 week intervals if indicated. In a case where the exposed worker has never received HBV inoculations, the series is started and completed with subsequent follow-up antibody testing. In either case a dose of Hepatitis B Immune Globulin shall be administered.

8. The physician making the exposure determination also contacts the source patient's physician to obtain immediate HIV and Hepatitis B antigen testing. (If the exposed person refuses testing, the source person may not be tested per PA Act 148). 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. If the source individual refuses testing, the College's attorney should be consulted to obtain testing through legal means.
9. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. If the source is unknown the physician will advise the exposed worker of available options.
10. If post-exposure prophylaxis is started, it shall be provided in accordance with the recommendations of the U.S. Public Health Service.
11. Follow-up testing for HIV is done at 6 weeks and again at 3, 6, 9, and 12 months. HCV is done at 6 and 12 months. Testing is encouraged but not mandatory. No further testing is done after 1 year post-exposure.
12. An employee determined to have significant exposure to HIV should receive follow-up counseling in addition to medical management.
13. In cases where a student is either the source or the exposed person, the Director of Health Center Services shall be notified as soon as possible. In some instances it may be possible to send the source individual's blood sample along to the ER to expedite testing. However, in all cases where significant exposure is considered possible, there should be no delay in obtaining medical care.
14. Records of the exposure incident, medical evaluation, and medical follow-up shall be maintained in accordance with Section 7.1 of this document.

5.3.5 Information Provided to the Healthcare Professional

The College shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is or has been provided with a copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030).

The College shall ensure that the healthcare professional evaluating an employee after an exposure incident is or has been provided the following information:

1. A copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030)
2. A description of the exposed employee's duties as they relate to the exposure incident
3. documentation of the route(s) of exposure and circumstances under which exposure occurred. (see Appendix D: BBP Exposure Report)
4. results of the source individual's blood testing, if available
5. all medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

5.3.6 Healthcare Professional's Written Opinion

The College shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation.
2. 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.

All other findings and diagnoses shall remain confidential and shall not be included in the written report.

5.3.7 Medical Record Keeping

Records of the exposure incident, medical evaluation, and medical follow-up shall be maintained in accordance with Section 7.1 of this document.

6.0 Communication of Hazards

6.1 Labels and Signs

6.1.1 Labels

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport, or ship blood or other potentially infectious materials, except as provided for in this Section below in the case of red bags, blood products released for clinical use, and individual containers placed within labeled containers.

Labels required by this Section shall include the following legend:



Universal Biohazard Symbol

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols of contrasting color.

Labels required by this Section shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of this Section.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirements of this Section.

Labels required for contaminated equipment shall be in accordance with this Section and shall also state which portions of the equipment remain contaminated.

Regulated waste that has been decontaminated need not be labeled or color-coded.

6.1.2 Signs

Signs shall be posted at the entrance to work areas specified as HIV and HBV Research Laboratories/Production Facilities in accordance with the Bloodborne Pathogens Standard (29 CFR 1910.1030).

Gettysburg College does not have HIV or HBV research laboratories or production facilities that are engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV as defined by this standard. The Gettysburg College Exposure Control Plan will be modified to meet these requirements if the research status changes on this campus. These special requirements for HIV or HBV research laboratories do not apply to clinical or diagnostic laboratories that are engaged solely in the analysis of blood, tissues, or organs.

6.2 Information and Training

6.2.1 General

All employees whose job classifications have been identified in Section 2.1 of this document as having a reasonably anticipated exposure to blood or other potentially infectious materials shall participate in a training program which must be provided at no cost to the employee and during working hours

Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place
2. At least annually thereafter (within one year of the employee's previous training)

The College shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

6.2.2 Training Topics

The training program shall contain at a minimum the following elements:

1. An accessible copy of the standard (29 CFR 1910.1030), “Occupational Exposure to Bloodborne Pathogens,” and an explanation of its contents
2. A general explanation of the epidemiology and symptoms of bloodborne diseases
3. An explanation of the modes of transmission of bloodborne pathogens
4. An explanation of the Gettysburg College Exposure Control Plan and the means by which the employee can obtain a copy of the written plan
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
8. An explanation of the basis for selection of personal protective equipment
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
12. Information on the post-exposure evaluation and follow-up that the College is required to provide for the employee following an exposure incident
13. An explanation of the signs and labels and/or color coding required by Section 6.1 of this document.
14. An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Additional initial training is required by the standard for employees in HIV and HBV Laboratories and Production Facilities. Gettysburg College does not have HIV or HBV research laboratories or production facilities

that are engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV as defined by this standard. The Gettysburg College Exposure Control Plan will be modified to meet these requirements if the research status changes on this campus. These special requirements for HIV or HBV research laboratories do not apply to clinical or diagnostic laboratories that are engaged solely in the analysis of blood, tissues, or organs.

NOTE: Site-specific training **must** be completed in each department. It **must** be administered by the employee's supervisor or the supervisor's designated trainer. This training must be documented through the use of the BBP Site-Specific Training Checklist form in Appendix B.

6.2.3 Refresher Training

Gettysburg College employees who have previously completed initial bloodborne pathogen training and have access to a computer workstation can complete their annual refresher training requirement by:

1. completing the bloodborne pathogens computer-based refresher training available from the exposure control officer AND
2. completing and submitting a site-specific training checklist (see Appendix B) to the exposure control officer

6.2.4 Training Records

Training records shall be maintained in accordance with Section 7.2 of this document.

7.0 Record Keeping

7.1 Medical Records

The College shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to employee exposure and medical records"

This record shall include:

1. the name and social security number of the employee
2. a copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required in Section 5.2 of this document
3. a copy of all results of examinations, medical testing, and follow-up procedures as required by Section 5 of this document
4. a copy of the information provided to the healthcare professional as required by Section 5.3.5 of this document.
5. the employer's copy of the healthcare professional's written opinion as required by Section 5.3.6 of this document

The College shall ensure that employee medical records required by this section are:

1. kept confidential
2. not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law

The College shall maintain the records required by this section for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

7.2 Training Records

Training records shall include the following information:

1. the dates of the training sessions
2. the contents or a summary of the training sessions
3. the names and qualifications of persons conducting the training
4. the names and job titles of all persons attending the training sessions

Training records shall be maintained for at least 3 years from the date on which the training occurred.

7.3 Availability

The College shall ensure that all records required to be maintained by this Section shall be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health (“the Assistant Secretary”) and the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services (“the Director”) for examination and copying.

Employee training records required by this Section shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

Employee medical records required by this section shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

7.4 Transfer of Records

The College shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

If the College ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

7.5 Sharps Injury Log

The College shall establish and maintain a sharps injury log (see Appendix F) for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

1. the type and brand of device involved in the incident
2. the department or work area where the exposure incident occurred
3. an explanation of how the incident occurred

The College shall maintain the records required by this section for five (5) years following the end of the calendar year that these records cover in accordance with 29 CFR 1904.33.

**Appendix A:
Gettysburg College Exposure Control Plan Training Certification**

The Occupational Safety and Health Administration (OSHA) requires that all employees with a reasonably anticipated exposure to bloodborne pathogens be made aware of the Exposure Control Plan at their place of employment.

By signing this certification form at a training session, you acknowledge that you are aware of the Gettysburg College Exposure Control Plan (GCECP) and the policies and procedures applicable to the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) and have attended a training session which included, at a minimum, the training topics contained in Section 6.2.2 of the GCECP. Your supervisor will provide required additional site-specific training.

PLEASE PRINT

NAME: _____

JOB TITLE: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYMENT START DATE: _____

TODAY'S DATE: _____

SUPERVISOR'S NAME: _____

SIGNATURE: _____

Verification of Training

I certify that the employee above has received Bloodborne Pathogens Training as required by 29 CFR 1910.1030 and the Gettysburg College Exposure Control Plan.

NAME OF TRAINER: _____

TITLE OF TRAINER: _____

TODAY'S DATE: _____

SIGNATURE OF TRAINER: _____

**Appendix B:
Bloodborne Pathogens Site-Specific Training Checklist**

Dear Supervisor:

_____ has completed the following training as
(Print Employee's Name Here)

required by the Bloodborne Pathogen Standard (29 CFR 1910.1030) on

(Date of Training)

- Bloodborne Pathogens
Initial Training** **Bloodborne Pathogens
Refresher Training**

In order to complete the training requirements of the Bloodborne Pathogens Standard (29 CFR 1910.1030), please review the site-specific training items listed below with the employee. Please check each item as it is reviewed or write N/A if it is not applicable to your work area. Once completed, please sign and date the bottom of the checklist. Keep a copy of the completed form for your files. Return the original to: William J. Shoemaker, Exposure Control Officer, Box 392. Once the form is received, the employee's training will be documented and a training certificate will be issued. Thank you for your cooperation and assistance.

Specific Work Practices

_____ Discussion of tasks that may involve handling potentially infectious materials and how to perform such tasks in a manner that reduces risk of exposure.

Personal Protective Equipment (PPE)

_____ Explanation of what kinds of PPE are required for specific tasks

_____ How to use the PPE

_____ Location and Availability of PPE

_____ Maintenance and reusable PPE (cleaning, storage, and inspection)

Engineering Controls

- _____ Location and operation of eyewash facilities
- _____ Explanation of engineering controls that are specific to the work environment (e.g., sharps containers, biological safety cabinets, mechanical pipettes, safer sharps devices, etc. . .)

Biohazardous Waste Handling

- _____ Discussion and clarification of which wastes generated in the work area are biohazardous and how those items are to be segregated, stored, transported, treated, and disposed of.
- _____ Review of procedures for on-site treatment methods (e.g., proper use of autoclave for waste decontamination purposes)
- _____ Review of hazardous waste labeling and Pick-up procedures as they apply to the work area.

Spill Response/Exposure Incident Response/Exposure Control Plan

- _____ Review of work area's procedure for handling spills of potentially infectious materials (including the location and availability of biohazard spill kits)
- _____ Review of exposure incident response procedure
- _____ Location of the Gettysburg College Exposure Control Plan

Verification of Training

I certify that the employee above has received BBP Site-Specific Training as required by 29 CFR 1910.1030 and the Gettysburg College Exposure Control Plan.

NAME OF EMPLOYEE: _____

SIGNATURE OF EMPLOYEE: _____

TODAY'S DATE: _____

NAME OF SUPERVISOR: _____

SIGNATURE OF SUPERVISOR: _____

TODAY'S DATE: _____

**Appendix C:
Vaccine Consent Form**

I have had information/training provided to me about the Hepatitis B vaccination. I believe I understand the benefits and risks involved and ask that the vaccine be given to me.

NAME: _____

SIGNATURE: _____

DATE: _____

For Clinic Use

	Dose #1	Dose #2	Dose #3	Titer
Date Administered				
Vaccine Administered				
Vaccine Manufacturer				
Vaccine Lot #				
Expiration Date				
Method & Site of Injection				
Signature of Administrator				
Title of Administrator				

**Please return completed form to William Shoemaker, Box 392,
Gettysburg College, 300 N. Washington St., Gettysburg PA 17325**

**Appendix C:
Vaccine Declination Form**

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials that 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

NAME: _____

SIGNATURE: _____

DATE: _____

I understand that my position puts me at potential risk of exposure to blood or other potentially infectious materials. I have in my past been vaccinated against Hepatitis B and decline any further vaccination at this time. I have provided below the actual or approximate date of my completion of the three shot HBV vaccination series. If, in the future, United States Public Health recommendations change or I have reasonable need for revaccination I can receive the vaccination series at no charge to me.

NAME: _____

SIGNATURE: _____

DATE: _____

Actual Date of Vaccination: Dose#1 _____
Dose#2 _____
Dose#3 _____

Approximate Date of Vaccination Series: _____

**Appendix D:
Bloodborne Pathogen Exposure Report**

Name of Exposed _____ SS# _____

Date of Exposure _____ Time _____ Location _____

Job or Duty Being Performed _____

Nature of Exposure (check all that apply): Needle Stick ___ Splash ___ Bite ___ Other ___

Explain _____

Type of Body Fluid Involved _____

Source of Exposure _____ Unknown _____

Additional Comments _____

I verify that the information is correct.

Printed Name _____ Signature _____

Date _____ Time _____

Significance of the exposure _____

Testing of the Exposed Accepted Date/Time _____

Testing of the Exposed Refused Date/Time _____

Tests ordered on Exposed Date/Time _____

HIV

HCV

HbsAb

Testing of Source Accepted Date/Time _____

Date/Time _____

**Appendix E:
Equipment Release Form**

Date: _____ Location of Origin _____

Principal User _____

Destination/Service Department _____

Service To Be Performed _____

Type of
Equipment _____

Contaminated (Yes/No) _____

Contaminants Identified/Suspected _____

Method of Decontamination _____

Name of Person Decontaminating _____

I certify that the above listed equipment is free of contamination or hazardous agents, and that it is safe to release to unrestricted areas and/or perform the work described above on this equipment.

Signature of Responsible Person

**Appendix F:
Sharps Injury Log**

Date/Time _____ Incident ID # _____

Exposed's Date of Birth _____ Male/Female _____

Exposed's Job Classification _____

Task/Procedure Being Performed _____

Department/Location of Injury _____

Description of the Exposure Incident _____

Body Part(s) Injured _____

Identity of Sharp Involved

Type _____

Brand _____

Model _____

Did the Exposure Incident Occur

- During use of the sharp
- Between steps of a multi-step procedure
- After use and before disposal of sharp
- While putting the sharp into disposable container
- Sharp left, in inappropriate place (table, bed, etc. . .)
- Other _____

Did the device being used have engineered sharps protection?

- Yes No don't know

Was the protective mechanism activated?

- Yes--fully Yes-partially No

Did the exposure incident occur:

- before during after activation

Exposed Employee

If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

- Yes No

Explain_____

Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?

- Yes No

Explain_____

This form will be completed by the exposure control officer through interviews and maintained in accordance with 29 CFR 1904.33.

Appendix G: Bloodborne Pathogen Train-the-Trainer Program

Goals of the Program:

The goal of the Train-the-trainer program is to establish a minimum standard in bloodborne pathogen (BBP) training curriculums among Gettysburg College departments that perform their own BBP training. This will be accomplished by providing additional training and resource materials for individuals who are designated as qualified trainers in such departments.

Trainers will attend an annual Train-the-Trainer seminar provided by the Education/Training Coordinator to enhance their knowledge of bloodborne pathogens, the Gettysburg College Exposure Control Plan, and OSHA's regulatory requirements.

Trainers will also receive training materials to use in their presentations that cover the minimum required elements for initial BBP training. Upon request, the Education/Training Coordinator will work with trainers to develop department-specific training.

Program Content:

The Train-the-trainer course will include a review of all topics covered in the bloodborne pathogen initial training course. Specifically, the following topics will be addressed:

1. Regulatory requirements of the OSHA Bloodborne Pathogen Standard
2. Gettysburg College Exposure Control Plan
3. Principles of Exposure Control
4. Personal Protective Equipment Selection
5. Bio-hazardous Waste Handling
6. Hepatitis B Vaccination Program
7. Exposure Incident Response
8. Recordkeeping

Program Maintenance:

Trainers who have attended the train-the-trainer course will from time to time receive from the Education/Training Coordinator updated information regarding the Exposure Control Plan and regulatory requirements to include in their training.

Trainers will be required to attend an annual update meeting to maintain their status as departmental BBP trainers. This annual meeting is essential to assure that all trainers receive information regarding any program changes and to exchange ideas for increasing the effectiveness of the BBP programs at Gettysburg College.

Trainer Qualifications:

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. Persons with strong biological backgrounds such as healthcare professionals, industrial hygienists, epidemiologists, etc. . . are good candidates for trainers as long as they are knowledgeable in the subject matter. Furthermore, the trainer must be able to answer questions as a question and answer period must be provided in employee training. Remember, the trainer must present the training in a manner appropriate to the employee's educational, literacy, and language background so that the employee understands the training.