2014 Exposure Control Plan
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Purpose
The exposure control plan is designed to eliminate or minimize employee exposure to bloodborne diseases. Bloodborne diseases include exposure to blood or other potentially infectious materials (OPIM). Tunxis Community College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

Definitions
For a more comprehensive list of definitions for the purpose of this Exposure Control Plan refer to paragraph (b) at:

(Bloodborne Pathogen Standard).

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

Bloodborne Pathogens (BBP) 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).

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.

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.

Hand washing 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 by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

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 medication or fluids; or

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 (OPIM) means:

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.

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.

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.
Sharps with engineered sharps injury protections 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.

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).

Administration and Access of Exposure Control Plan
The Exposure Control Program Coordinator for Tunxis Community College is the Dean of Administration. The Dean of Administration has the exposure plan on file and is accessible to employees at any time. The Dean of Administration with the assistance of supervisors (listed below) ensures the training and compliance of employees. The Dean of Administration will schedule a review of the plan and update the plan annually, or whenever necessary to reflect new or revised tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

<table>
<thead>
<tr>
<th>Continuing Education/Community Services Allied Health Programs</th>
<th>Cheryl Conaty, Allied Health Coordinator</th>
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<td>Dental Assisting</td>
<td>Erin Annecharico, Program Coordinator, Dental Assisting</td>
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<td>Sciences</td>
<td>Kirstin Cullinane, Academic Associate</td>
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<td>Evening &amp; Weekend</td>
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<td>Administrators</td>
<td>Kirk Peters, Dean of Student Services</td>
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</table>
Exposure Determination

Job Classifications and Tasks That Are Likely to Contribute to An Exposure
Supervisors, Department Chairpersons, and Program Coordinators are responsible for identifying their employees "Occupationally Exposed" to human blood and body fluids. Supervisors will keep the Dean of Administration and Community Services informed of such exposure determinations. The exposure determinations have and should be made without regard to the use of personal protective equipment.

This exposure determination is required to list all job classifications in which all employees have occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

Category 1 - Job classifications in that all employees have or are assume to have occupational exposure:

1) **Dental Hygiene Faculty, Dental Hygiene Educational Assistants**
   These employees are likely to have occupational exposure to blood or other potentially infectious materials, including saliva (handling instruments contaminated with blood or saliva and examination, manipulation of oral tissues).

   Tasks and procedures in which occupational exposure occurs: assessment, oral radiology, emergency care, deposit detection and removal, handling of sharps, placement of medicaments, operatory disinfection, and administration of local anesthesia.

2) **Dental Assisting Faculty, Dental Assisting Educational Assistants, Academic Associate, Dental Hygiene Student Worker**
   These employees are likely to have occupational exposure to blood or other potentially infectious materials, including saliva. Tasks and procedures in which occupational exposure occurs: handling contaminated instruments and sharps, assisting with emergency care, and operatory disinfection.

3) **Maintenance and Custodial Staff, including Custodians, Maintainers, General Trades Workers, Building Superintendent and Student Workers**
Tasks and procedures in which occupational exposure occurs: routine housekeeping of restrooms/hand washing facilities, cleaning bio hazardous waste in classrooms, offices and conference rooms; picking up and taking out trash with biohazards; cleaning up contaminated broken glass.
4) **Childcare Center: Director, Teacher and Teacher Assistants**
Tasks and procedures in which occupational exposure occurs: "dressing" scrapes/cuts/wounds, helping children with toileting "accident" clean-up, cleaning up vomit, and bites from children.

5) **Evening and Weekend Administrator**
Tasks and procedures in which occupational exposure occurs: administering first aid.

6) **Certified Nurse Aide Instructors, EMT Instructor, Central Sterile Processing Technician and Other Non-Credit Allied Health Instructors**
Tasks and procedures in which occupational exposure occurs: transferring patients, transferring equipment, changing linens, changing dressings and bandages, assisting in personal hygiene care (shaving, use of bedpan, etc.), and handling specimens.

7) **Phlebotomy Instructors**
Tasks and procedures in which occupational exposure occurs: drawing of blood, transferring specimens, applying bandages.

8) **Registered Medical Assistant Instructors**
Tasks and procedures in which occupational exposure occurs: drawing of blood, transferring specimens, applying bandages and injections on manikins.

In addition, the OSHA standard requires a listing of job classifications in which some employees have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, a list of tasks and procedures that would cause these employees to have occupational exposure are listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks and procedures for these categories are as follows:

**Category II - Job classifications in which some employees have occupational exposure:**

1) **Child Care Center – Office Assistant**
Tasks and procedures in which occupational exposure may occur: "dressing" scrapes/cuts/wounds, helping children with toileting "accident" clean-up, cleaning up vomit, and bites from children.

2) **Chemistry Faculty**
Tasks and procedures in which occupational exposure occurs: providing first aid rendered only as collateral duty.
3) **Biological Science Faculty, Laboratory Assistants and Student Employees**
Tasks and procedures in which occupational exposure occurs: providing first aid rendered only as collateral duty.

4) **Emergency Medical Response Team Members**
Tasks and procedures in which occupational exposure occurs: providing first aid rendered only as collateral duty.

**Methods of Compliance and Evaluation**
The following applies while at Tunxis Community College. Allied Health and dental client/patient services are not provided on campus. For CODA (Commission on Dental Accreditation) students are considered patients when another student is providing educational services.

**On Campus Injury**
If an exposure occurs in the dental hygiene clinic (Room #6-218), students and faculty should report to MedWorks. Employees should follow the Workers Comp procedures as prescribed by Human Resources. For student injuries, the student should seek medical attention. The faculty member should complete an Incident Report form and forward to the Dean of Administration. The Dean of Administration will assist students in filing claims through the Board of Regent’s policy.

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Medworks
539 Farmington Avenue, Route 6
Bristol, CT 06010
Phone: 860-589-0114

**Off Campus Injury**
Students and employee should follow each healthcare facility’s exposure plan for specific locations of engineering controls, personal protective equipment (PPE) and handwashing facilities. If a location does not have PPE, please notify the program coordinator or department chair.

If an exposure occurs off campus, students and faculty should seek medical attention at the nearest provider. Employees should follow the Workers Comp procedures as prescribed by Human Resources. For student injuries, the student should seek medical attention. The faculty member should complete an Incident Report form and forward to the Dean of Administration. The Dean of Administration will assist students in filing claims through the Board of Regent’s policy.
Standard/Universal Precautions
Standard/universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment (ppe) shall also be utilized.

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

This facility identifies the need for changes in engineering controls and work practices through departmental meetings, and health and safety committee meetings. Evaluation of new procedures and new products regularly occur. See page 14 for description and criteria.

Work Practices
Reduce the likelihood of exposure by altering the manner in which a task is performed. The following work practices will be utilized at the Farmington campus. Dental Hygiene has specific policies and procedures listed in the Dental Hygiene Handbook for faculty, staff and students.

a) Hand Washing
Employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water after removal of gloves or other personal protective equipment. Hand washing facilities are readily available to the employees who incur exposure to blood or other potentially infectious materials. Hand washing facilities are located in each restroom as well as in science and dental laboratories and clinics. When hand washing facilities are not feasible, an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes will be provided. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed with soap and water or flushed with water as appropriate as soon as feasible following contact. See Post Exposure Protocol.

b) Work Area Restrictions
Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas (patient/client treatment areas, laboratory) where there is reasonable likelihood of occupational exposures. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

c) Minimize Contact
All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
Sharps and Needles
Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared or purposely broken. An engineering control (mechanical device) shall be used to recap needles. Only if a mechanical device is not available is the employee allowed to use a one-handed scoop technique. Annual consideration and implementation of safer medical devices designed to eliminate or minimize occupational exposure.

Room 6-218/6-219 (Dental)
Sharps disposal containers in 6-218 are inspected and maintained or replaced by the academic associate at the end of each semester or whenever necessary to prevent overfilling. Needle sheath is a disposable, single-use item. It is a needle with a cover that the user can slide back over the needle after use. It must be used with a one-handed technique to recap the needle. Call Stericycle for proper disposable of sharps.

All soiled instruments are brought into the contaminated area in room 6-219 with proper PPE, including utility gloves. All critical instruments must be heat sterilized. Contaminated dental instruments shall be cleaned with a hands-free method by placing the closed cassette into the instrument washer. If the instrument washer is not going to be activated immediately following clinical session then all instrument cassettes are to be cleaned in the ultrasonic cleaner for 10 minutes. Instruments must be cleaned immediately following clinical session.

Room 306/326 (Continuing Education/Non-Credit Allied Health Programs)
Sharps disposal containers are located in Rooms 306 and 326. They are inspected and maintained or replaced by the Allied Health Coordinator at the end of each semester or whenever necessary to prevent overfilling. Sharps containers once ¾ filled, are closed and stored in a locked cabinet in each classroom. Needle sheaths are disposable, single-use items. The needles have a cover that the user can slide back over the needle after use. It must be used with a one-handed technique to recap the needle. Call Stericycle for proper disposable of sharps.

Personal Protective Equipment (PPE)
All personal protective equipment will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time that the protective equipment will be used.
Training in the use of the appropriate PPE for specific tasks or procedures is provided as follows. The following employees are responsible for making sure PPE is provided in their respective areas:

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<td>Kirk Peters, Dean of Student Services</td>
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The types of PPE available to employees are as follows:

- Aprons
- Utility Gloves
- Medical Gloves
- Goggles and Mask
- Surgical Bonnets/Caps

PPE is located in first aid kits across campus, as well as the following areas:

<table>
<thead>
<tr>
<th>Continuing Education/Community Services Allied Health Programs</th>
<th>Continuing Ed Classrooms, Clinic Sites</th>
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<tbody>
<tr>
<td>Dental Assisting</td>
<td>Dental Lab, Clinic Sites</td>
</tr>
<tr>
<td>Dental Hygiene</td>
<td>Dental Lab, Clinic Sites, UCONN Health Center</td>
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<tr>
<td>Early Childhood Center</td>
<td>Early Childhood Center</td>
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<tr>
<td>Facilities</td>
<td>200 Building Loading Dock, 600 Building Facilities Offices, Lead Custodian’s Office, Custodial Closets</td>
</tr>
<tr>
<td>Sciences</td>
<td>Science Class &amp; Prep Rooms</td>
</tr>
<tr>
<td>Evening &amp; Weekend Administrators</td>
<td>First Aid Kits, “Jump Bag” at Info Desk</td>
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All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.
ROOM 6-218/6-219

Dental hygiene and assisting disposable PPE is located in 6-218. It includes examination gloves, masks, and bonnets. Reusable clean gowns are kept in the prep room 6-219 closet. Remove PPE after clinical session and before leaving the work area.

Dental Hygiene and Dental Assisting maintain on-site laundering. Contaminated gowns are placed in the laundry bag in Room 6-219. PPE must be worn when loading washer with contaminated gowns. Laundering is overseen by the Academic Associate.

Utility gloves are used for decontamination of housekeeping and clinical surfaces. Utility gloves can be reused if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

- Decontaminate hands immediately or as soon as feasible after removing gloves or other PPE.
- Always rinse and dry hands after washing.
- Alcohol Antiseptic Rub 60-95% broad spectrum handrub can be used if hands are not visibly contaminated.
- Avoid bare-handed contact with sensitizers and irritants (disinfectants, acrylic monomers, antimicrobial and pharmacological solutions)
- Certain chemicals can permeate glove materials. Bonding agents, acrylies, and bases and liners should not be place on or in contact with gloved hands.
- Creams and lotions must be compatible with gloves. Do NOT use petroleum or other oil-based ingredients.

Remove PPE after it becomes contaminated and before leaving the work area.

Used PPE may be disposed of in garbage containers in room 6-218 and 6-219 unless saturated with blood. Items saturated in blood must be placed in Red Bag Waste in 6-218.

Never wash or decontaminate disposable/examination gloves for reuse.

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

All clinical contact surfaces must be cleaned with Simple Green and then disinfected with Super Sani-Cloth, a quaternary alcohol cloth. Surfaces must be moist for at least two minutes for effective disinfection.
Allied Health/Dental Educators
Affiliations shall provide personal protective equipment while providing services to that facility’s clients/patients.

Aprons
On campus disposable gloves are located in each first aid kit. Aprons are in each Bloodborne Pathogens Infection Control Kit. Aprons are to be worn whenever there is anticipated blood or OPIM splash or aerosol to protect clothing and skin.

Utility Gloves
Custodial staff have utility gloves on each utility cart. Utility gloves are to be worn over disposable gloves during decontamination of surfaces. Utility gloves may be decontaminated with an EPA registered germicide or a bleach solution. Utility gloves will 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.

Medical (Latex, Vinyl, Nitrile) Gloves
Gloves can be found in each first aid kit, classrooms 202, 306 and 326, maintenance cart and in the Phlebotomy Lab. Medical (disposable) gloves are not to be washed or decontaminated. Medical gloves are to worn whenever anticipated hand contact with blood, OPIM, non-intact skin, and mucous membranes. Medical gloves are to be worn under utility gloves while decontaminating surfaces

Goggles and Mask
Goggles and mask should be worn whenever one anticipates splash or aerosol. Masks and shields can be found on the custodial/maintenance carts. Goggles with solid side shields and masks are available for allied health/dental educators at each healthcare facility or through each department. Safety glasses/goggles shall fit flush with skin (near eyebrow) to prevent blood or OPIM contacting eye.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonable be anticipated.

Surgical Bonnets/Caps
Surgical bonnets/caps should be worn whenever one anticipates gross splash or aerosol contamination. For example: Surgical bonnets are to be worn during ultrasonic scaling due to the aerosol production and splash that may occur.

Regulated Waste Disposal
All contaminated sharps shall be discarded as soon as feasible in sharps containers. Sharps containers are located in all biology laboratory rooms and in the dental hygiene clinic as well as the phlebotomy lab.
Regulated waste other than sharps shall be placed in appropriate containers that are closable, leak-proof, labeled with a biohazard label, or color-coded and closed prior to removal. Contaminated items that could release blood/OPIM in a liquid or semi-liquid state if compressed will be treated as regulated waste and placed into red bag waste located in room 306.

Regulated waste other than sharps shall be placed in appropriate containers that are closable, leak-proof, labeled with a biohazard label, or color-coded and closed prior to removal. Contaminated items that could release blood/OPIM in a liquid or semi-liquid state if compressed will be treated as regulated waste and placed into red bag waste located in rooms 306 and 6-218. Stericycle picks up regulated waste. All hazardous waste shall be picked up at the completion of each semester. The Allied Health Coordinator is responsible for contacting Stericycle to do a pick-up at the end of each semester for the non-credit allied health programs.

**Employee Input and Evaluation of Procedures and Products**

Tunxis Community College identifies the need for changes in engineering control and work practices through the Hazard Communication Program, Faculty Meetings, Health and Safety Meetings, Crisis Management Team, Behavioral Intervention Team, Emergency Medical Response Team and Incident Reports. New procedures or new products are regularly evaluated by reviewing literature, and recommendations via faculty, staff, and advisory boards. The name of the responsible person in each department is listed above on page 5. He or she will ensure effective implementation of these recommendations.

**Housekeeping**

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have been contaminated since the last cleaning.

Protective coverings (plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces 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.

All blood and OPIM spills on campus shall be cleaned and decontaminated immediately upon discovery. Decontamination can be accomplished with a 1:10 mixture of ordinary household bleach and water (5,000 ppm chlorine). This decontamination procedure can be used on solids and in liquids. Exercise caution as chlorine gas can be irritating to the mucous membranes and eyes. Use in a well-ventilated area with protective gloves, gown and goggles. All contaminated materials should be treated as biomedical waste and be disposed of in biomedical waste containers. Surfaces should be wet wiped with the bleach solution above and allowed to air dry to ensure sufficient contact time.
Upon discovery of a leak or spill:

1. Don protective gear such as gloves, safety goggles, lab coat or gown.

2. Use disposable cardboard scoop and disposable cardboard scraper found in the Bodily Fluid Clean-Up Kit to soak up any fluids present. Dispose of all clean up materials as biomedical waste. Place sharps in a sharps container.

3. Cleanse the area with soap and water for gross removal. Dispose of materials as biomedical waster.

4. Decontaminate the area with the bleach solution above or equivalent. Dispose of all material as biomedical waster. Non-disposable items should be decontaminated with the bleach solution above.

Requests for assistance or reports of spills should be directed to the following locations:

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<tr>
<th>Director of Facilities</th>
<th>860-255-3420</th>
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<tr>
<td>Dean of Administration</td>
<td>860-255-3403</td>
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**Hepatitis B Vaccination**

The hepatitis B Vaccination is available to all employees who have occupational exposure identified in the above categories I and II. Human Resources informs employees about the vaccination and information on the hepatitis B vaccination. The vaccination is offered within 10 working days of employment at no cost to the employee and a reasonable place and time. The hepatitis B vaccination will be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. Testing for antibodies to hepatitis-B surface antigen will occur in 1-2 months after the completion of the three-dose vaccination series. Employees who do not respond to the series must be re-vaccinated with a second 3 dose series and retested. If the employee has previously been vaccinated the employee shall provide the employer with proof of vaccinaiton (See Attachment 1).

If the employee declines to accept the vaccination, the employee must sign the statement in Attachment 1.

**Training**

All employees with occupational exposure identified in above categories I and II must participate in the initial and annual exposure control training coordinated by the Office of the Dean of Administration. Additional training will be provided through the Office of the Dean of Administration when changes in tasks or procedures occur. Training shall be provided annually at no cost to the employee. Training will cover the following topics:

- Accessible copy of the standard and explanation available
- General explanation of epidemiology and symptom of bloodborne diseases
- Modes of transmission
- Explanation of and availability of the employer’s exposure control plan
- Explanation of use and limitations of controls and PPE
All phases of handling PPE
Explanation of PPE selection
Information on HBV vaccination
Emergency actions and procedures
Procedures for an exposure incident
Procedures for post exposure evaluation
An explanation of signs and labels and/or color-coding
An opportunity for interactive questions

Training Records
The Dean of Administration shall maintain detailed records required by the standard for three years from date of training. See Attachment 2 for training record keeping form.

Post Exposure
Report any incident of accidental exposure to potential bloodborne pathogens must be reported to the immediate supervisor, Human Resources and the Dean of Administration. Complete a Bloodborne/Airborne Incident Report form (Attachment 3) and forward to the Dean of Administration. For immediate care, go the nearest emergency facility. All medical and follow-up care will be provided by a licensed healthcare provider.

Supervisors should do the following:
- See that the employee gets medical attention
- Complete DAS Form 207 – First Report of Injury
- Complete DAS Form 207-1 – Supervisors Incident Review Report
- Forward completed packet to Holi Martinez
- Take corrective action to remove exposure/s that caused the injury
- Follow up with the employee:
  - Follow up treatment
  - Medical appointments, including physical therapy

An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM defined in the standard, that result from the performance of an employee’s duties. Follow post exposure protocol:

- Document the exposure route and the circumstances that caused the incident.
- If possible, the identification of the source individual. The blood of the source individual will be tested after consent (required by law) is obtained for HIV/HBV infectivity
- The results of testing of the source individual will be made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, testing will be done as soon as feasible.

The employee will be offered post exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service.

The employee will be given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to have the benefit of early medical evaluation and subsequent treatment.

The Dean of Administration maintains records of exposure incidents. Human Resources maintains confidential health documentation. Human Resources refers Category I and II employees to the approved medical provider prior to employment date. Human Resources maintains documentation on employees required Hep B, flu and other required inoculations.

Post Exposure Protocol

Eye Contact

1. Proceed to the nearest Eye Wash Station and wash eye(s) with copious amounts of water. Eye Wash Stations are located in the following areas:

<table>
<thead>
<tr>
<th>Room</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>202</td>
<td>Emergency Eye Wash Station, Single Bottle, 32 oz.</td>
</tr>
<tr>
<td>306</td>
<td>Registered Medical Assistant</td>
</tr>
<tr>
<td>308</td>
<td>Classroom</td>
</tr>
<tr>
<td>309</td>
<td>IT Storage</td>
</tr>
<tr>
<td>310</td>
<td>Emergency Eye Wash Station, Single Bottle, 32 oz.</td>
</tr>
<tr>
<td>326</td>
<td>Emergency Eye Wash Station, Single Bottle, 32 oz.</td>
</tr>
<tr>
<td>6-131</td>
<td>Biology</td>
</tr>
<tr>
<td>6-133</td>
<td>Biology Prep</td>
</tr>
<tr>
<td>6-137</td>
<td>Biology</td>
</tr>
<tr>
<td>6-139</td>
<td>Microbiology</td>
</tr>
<tr>
<td>6-146</td>
<td>Chemistry Prep</td>
</tr>
<tr>
<td>6-147</td>
<td>Chemistry</td>
</tr>
<tr>
<td>6-148</td>
<td>Chemistry</td>
</tr>
<tr>
<td>6-205</td>
<td>Custodial Closet</td>
</tr>
<tr>
<td>6-218</td>
<td>Dental Clinic</td>
</tr>
<tr>
<td>6-219</td>
<td>Dental Prep</td>
</tr>
<tr>
<td>6-220</td>
<td>Dental Materials</td>
</tr>
<tr>
<td>6-222</td>
<td>Photography</td>
</tr>
<tr>
<td>6-241</td>
<td>Film Room</td>
</tr>
<tr>
<td>7-114</td>
<td>Custodial Closet</td>
</tr>
</tbody>
</table>
2. Explain the problem to the source individual and determine if the person is willing to be tested for the HIV virus.

3. Seek immediate medical attention from nearest emergency facility. Report incident to your supervisor and the Dean of Administration. If you are offsite, inform supervisor at that site first and follow site's exposure control protocol. Obtain copies of reports and file incident reports with your TCC supervisor, Human Resources and the Dean of Administration immediately.

**Needlestick or Puncture Wound**
1. Wash thoroughly with an antimicrobial soap.
2. Apply antiseptic such as hydrogen peroxide.
3. Explain the problem to the source individual and determine if individual is willing to be tested for HIV virus.
4. Seek immediate medical attention from nearest emergency facility.
5. Report incident to your supervisor and the Dean of Administration. If you are offsite, inform supervisor at that site first and follow site's exposure control protocol. Obtain copies of reports and file incident reports with your TCC supervisor, Human Resources and the Dean of Administration immediately.

**Skin Contact**
1. Wash thoroughly with an antimicrobial soap.
2. Apply antiseptic such as hydrogen peroxide.
3. Explain the problem to the source individual and determine if individual is willing to be tested for HIV virus.
4. Seek immediate medical attention from nearest emergency facility. Report incident to your supervisor and the Dean of Administration. If you are offsite, inform supervisor at that site first and follow site's exposure control protocol. Obtain copies of reports and file incident reports with your TCC supervisor, Human Resources and the Dean of Administration immediately.

A written opinion shall be obtained from the healthcare provider who evaluates employees. In order for the healthcare provider to adequately evaluate the employee, the healthcare provider shall be provided with the following items:

- Copy of the OSHA standard
- A description of the exposed employee’s duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- Results of the source individual blood tests (if available).
- Medical records relevant to the appropriate treatment of the employee. Written opinions will be obtained from the healthcare professional in the following instances:
Whenever the employee is sent to a healthcare provider following an exposure incident. Healthcare Providers shall be instructed to limit their opinions to the following:

- Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
- That the employee has been informed of the results of the evaluation, and
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information.)
- The healthcare provider's written opinion shall be provided to the employee within 15 days of completion of evaluation.

**Recordkeeping**
Medical records required by the OSHA standard will be maintained by Human Resources.

Employee Medical Records must include the following items:
1. Name and social security number
2. Copy of hepatitis B vaccination status (attachment 1)
3. All records of examinations, medical testing, and post-exposure procedures.
4. The employer’s copy of a post exposure evaluation
5. A copy of all information given to the physician making the evaluation.

Employee medical records are
1. confidential
2. never disclosed or reported without the employee’s express written consent except as required by law
3. maintained for the duration of employment plus 30 years.

**Injury Log**
The information for the sharps injury log (Attachment 4) shall be recorded as "privacy case" and maintained in such manner as to protect the confidentiality of the injured employee. Information including the type and brand of needle device, location of the incident and how the incident occurred will be included on the OSHA 300 form. The 300 log is maintained by Human Resources.
Sharps Injury Log

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

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years by the Dean of Administration following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Charles C. Cleary  
Dean of Administration  

Date: 9-12-14
Tunxis Community College  
2014 Exposure Control Plan

Attachment 1  
Tunxis Community College  
Hepatitis B Vaccination

Employee Name:  ___________________________ Date:  ____________

Social Security Number:  ___________________________

Employees must have a healthcare provider complete either section I or II. If the employee refuses to receive the Hepatitis B Vaccination Section III must be completed. The hepatitis B vaccination is offered to employees at no cost at a reasonable time and place. Please return form within the first ten working days to Human Resources.

**Section I: Proof of Hepatitis B Vaccination**

<table>
<thead>
<tr>
<th>Hepatitis B Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dose 1</strong></td>
</tr>
<tr>
<td>Date:  _________________</td>
</tr>
<tr>
<td>Healthcare Provider (Print name and credentials):  ___________________________</td>
</tr>
<tr>
<td>Healthcare Provider’s Signature:  ___________________________</td>
</tr>
<tr>
<td><strong>Dose 2</strong></td>
</tr>
<tr>
<td>Date:  _________________</td>
</tr>
<tr>
<td>Healthcare Provider (Print name and credentials):  ___________________________</td>
</tr>
<tr>
<td>Healthcare Provider’s Signature:  ___________________________</td>
</tr>
<tr>
<td><strong>Dose 3</strong></td>
</tr>
<tr>
<td>Date:  _________________</td>
</tr>
<tr>
<td>Healthcare Provider (Print name and credentials):  ___________________________</td>
</tr>
<tr>
<td>Healthcare Provider’s Signature:  ___________________________</td>
</tr>
</tbody>
</table>

**Section II: Contraindication for Hepatitis B Vaccination**

<table>
<thead>
<tr>
<th>Antibody Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibody testing reveals that the employee is immune to Hepatitis B.</td>
</tr>
<tr>
<td>Healthcare Provider (Print name and credentials):  ___________________________</td>
</tr>
<tr>
<td>Healthcare Provider’s Signature:  ___________________________</td>
</tr>
</tbody>
</table>

**Contraindication to Hepatitis B Vaccination**

The vaccination is contraindicated for medical reasons.

| Healthcare Provider (Print name and credentials):  ___________________________ |  
| Healthcare Provider’s Signature:  ___________________________ |
Hepatitis B Vaccine Declination
I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to vaccinate 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.
Employee Signature: ____________________________
Witness: ________________________________________
Date: ____________________________

Section III:
**This form shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.
Tunxis Community College
2014 Training
Sign In Sheet

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Instructor/s:</td>
</tr>
<tr>
<td>Location:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Name</th>
<th>Title</th>
</tr>
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</table>

This training record shall be maintained for 3 years from the date on which the training occurred.
Attachment 3

TUNXS COMMUNITY COLLEGE
BLOODBORNE/AIRBORNE INCIDENT REPORT

Report incident to instructor/supervisor immediately or as soon as patient care reasonably allows. Report to appropriate facility identified by clinical site. Submit copies of forms to department chair and Dean of Administration and Human Resources. Do not delay. The time factor is important.

Name of injured person: (Student/Faculty) ______________________________________

Major/Program/Department: ____________________________________________________

Exact date/time of incident: _____________________________________________________

Location (Facility Site/room number): ___________________________________________

EVERY EFFORT SHOULD BE MADE FOR THE SOURCE PATIENT TO BE TESTED THE DAY OF EXPOSURE. If this is not possible, follow-up appointment for testing should be scheduled within one week

Name of source person/patient: _________________________________________________

Source individual date of birth: _________________________________________________

HBV____ positive____ negative____ unknown____
HCV____ positive____ negative____ unknown____
HIV____ positive____ negative____ unknown____
PPD____ positive____ negative____ unknown____

Other source individual information: _____________________________________________

Brief explanation of incident: ___________________________________________________

Witnesses to the incident: ______________________________________________________

What is the extent of the injury? (deep vs. superficial wound): ______________________

The exact type of needle or instrument causing the injury: __________________________

Protective equipment worn at time of incident:
_____ gloves  _____gown  _____mask  _____face shield  _____safety glasses

Was the needle or instrument visibly contaminated with blood?  _____Yes  _____No

Was the needle or instrument inside vein/artery of patient before injury?  _____Yes  _____No

Post Exposure Evaluation

Evaluation was: _____offered and initiated  _____offered and refused  _____not indicated

Location: ___________________________________________________________________

Treatment was: _____offered and initiated  _____offered and refused  _____not indicated

Student Signature: _____________________________________ Faculty signature: __________________________

Healthcare provider: ___________________________________ Date: _______________