2019-2020 Exposure Control Plan

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Attachments

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:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051 (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).

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 that 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 perform independently 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 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 Student Affairs. The Dean of Student Affairs has the exposure plan on file and is accessible to employees at any time. The Dean of Student Affairs with the assistance of supervisors (listed below) ensures the training and compliance of employees. The Dean of Student Affairs 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.

Continuing Education/Community Services Allied Health Programs	Cheryl Conaty, Allied Health Coordinator
Dental Assisting	Gary Jacobs, Program Coordinator, Dental Assisting
Dental Hygiene	Pat Johnson, Program Coordinator, Dental Hygiene
Early Childhood Center	Deborah Collins, Director, Early Childhood Center
Facilities	John Lodovico, Director of Facilities
Sciences	Robert Smith, Chair, BCHAM
Weekend & Evening Administrators	Charles Cleary, Dean of Student Affairs

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 Student Affairs 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 I - 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) **Weekend & Evening Administrators**
Tasks and procedures in which occupational exposure occurs: administering first aid.

6) **Certified Nurse Aide Instructors, EMT Instructor, remove 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, fingersticks, transferring specimens, applying bandages.

8) **Medical Assistant Instructors**
Tasks and procedures in which occupational exposure occurs: drawing of blood, fingersticks, transferring specimens, applying bandages, drawing up normal saline and administering injections into 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 Concentra. 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 Student Affairs. The Dean of Student Affairs will assist students in filing claims through the Board of Regent's policy.

Concentra Urgent Care
972 West Main Street
New Britain, CT 06053
Phone: 860-827-0745

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 hand washing 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 Student Affairs. The Dean of Student Affairs' Office will assist students in filing claims through the Board of Regent's insurance policy.

Standard/Universal Precautions

Standard/universal precautions will be observed and followed 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. Standard precautions include hand hygiene, use or personal protective equipment, respiratory hygiene/cough etiquette, sharps safety, safe injection practices, sterile instruments and devices, and clean and disinfect environmental surfaces. 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. Dental Assisting also has a handbook. Students are provided a copy at orientation, and Dental Assisting faculty are given a copy at orientation/calibration. Work practices are reviewed with particular emphasis on exposure protocol and incident reporting.

a) **Hand Washing/Hand Washing**

Hand hygiene is the most important measure to prevent the spread of infections. Employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water when hands are visibly soiled, before putting on and 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. Although alcohol-based hand rubs are effective for hand hygiene in health care settings, soap and water should be used when hands are visibly soiled (e.g., dirt, blood, body fluids). 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 immediately following contact and then report to supervisor. 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, 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. Contaminated sharps shall be deposited into appropriate sharps containers. 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. Dental hygiene and assisting must use a needle recapping device or one-handed technique to recap the needle. Call Stericycle for proper disposable of sharps when the container is 3/4 full, close and lock the container.

All soiled instruments are sprayed with an enzymatic cleaner at the end of the appointment. Instruments are transferred to the contaminated area in room 6-219 in a closed container or closed cassette with proper PPE, including utility gloves. All critical and semi-critical instruments that can be sterilized will be sterilized. If the instrument washer is not available then all cassettes with be ultrasonically cleaned, rinsed, dried and inspected prior to packaging for sterilization. Ultrasonic scaler tips will be cleaned chairside, placed in cassette transferred to prep area. Place an internal indicator strip inside the cassette, bag the cassette, and label the bag. Place in tray to be sterilized. At clinical sites where, immediate hands-free cleaning by ultrasonic cleaner or instrument washer is not available, use an instrument enzymatic spray to prevent drying of debris. 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:

Continuing Education/Community Services Allied Health Programs	Cheryl Conaty, Allied Health Coordinator
Dental Assisting	Gary Jacobs, Program Coordinator, Dental Assisting
Dental Hygiene	Pat Johnson, Program Coordinator, Dental Hygiene
Early Childhood Center	Deborah Collins, Director, Early Childhood Center
Facilities	John Lodovico, Director of Facilities
Sciences	Robert Smith, Chair, BCHAM
Weekend & Evening Administrators	Charles Cleary, Dean of Student Affairs

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:

Continuing Education/Community Services Allied Health Programs	Continuing Ed Classrooms, Clinic Sites
Dental Assisting	Dental Lab, Clinic Sites
Dental Hygiene	Dental Lab, Clinic Sites, UCONN Health Center
Early Childhood Center	Early Childhood Center
Facilities	200 Building Loading Dock, 600 Building Facilities Offices, Lead Custodian's Office, Custodial Closets
Sciences	Science Class & Prep Rooms
Evening & Weekend Administrators	First Aid Kits, "Jump Bags" at Info Desk & Library

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. The employer at no cost will make all repairs and replacements 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 or a maximum of 8 gowns placed directly into washer. PPE must be worn when loading washer with contaminated gowns. The Academic Associate oversees laundering.

Puncture-resistant gloves are used for decontamination of any housekeeping and clinical surfaces whenever sharps are involved (dental instruments, broken glass etc.). 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 hand rub 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, acrylics, and bases and liners should not be place on or in contract 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 or another EPA Intermediate Disinfectant identified by equipment manufacturer. Examination gloves should be worn while cleaning and disinfecting surfaces. Surfaces must be moist for at least two minutes, or designated time length identified by disinfectant manufacturer, 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.

Gowns
Are located in the closet of 6-219. Gowns are to be worn by all providers during client care.

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, peelings, 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 by 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, etc.) used to cover equipment and environmental surfaces shall be removed and replaced after each client or in other areas 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:

Director of Facilities	860-773-1321
Dean of Student Affairs	860-773-1302

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 CDC recommended vaccination such as the three-dose vaccination series. Employees who do not respond to the series must be re-vaccinated according to CDC guidelines retested. If the employee has previously been vaccinated the employee shall provide the employer with proof of vaccination (See Attachment 1).

If the employee declines to accept the vaccination, the employee must sign the statement in Attachment 1. The employee can always request the vaccination later with no cost to the employee.

CDC also recommends that dental employees be screened for tuberculosis (TB) upon hire regardless of the risk classification of the setting. Due to clinical affiliations (such as UCHC School of Dental Medicine, State prisons, etc.) all dental employees must be screened annually for tuberculosis and must receive the flu vaccination. If you have a contraindication for the vaccination speak with the program coordinator.

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 Student Affairs. Additional training will be provided through the Office of the Dean of Student Affairs 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 Student Affairs 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 Student Affairs. Complete a Campus Incident Report form (Attachment 3) and forward to the Dean of Student Affairs. For immediate care, go the nearest emergency facility. A licensed healthcare provider will provide all medical and follow-up care.

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 – Supervisor's Accident Investigation Report
- Forward completed packet to Human Resources
- 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 Student Affairs 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:

202	Emergency Eye Wash Station, Single Bottle, 32 oz.
306	Medical Assistant
308	Classroom
309	IT Storage
310	Emergency Eye Wash Station, Single Bottle, 32 oz.
326	Emergency Eye Wash Station, Single Bottle, 32 oz.
6-131	Biology
6-133	Biology Prep
6-137	Biology
6-139	Microbiology
6-146	Chemistry Prep
6-147	Chemistry
6-148	Chemistry
6-205	Custodial Closet
6-218	Dental Clinic
6-219	Dental Prep
6-220	Dental Materials
6-222	Photography
6-241	Film Room
7-114	Custodial Closet

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 Student Affairs. 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 Student Affairs 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 Student Affairs. 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 Student Affairs 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 Student Affairs. 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 Student Affairs immediately.

A written opinion shall be obtained from the healthcare provider who evaluates employees. In order for the healthcare provider to evaluate adequately 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

Human Resources will maintain medical records required by the OSHA standard.

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. Human Resources maintains the 300 log. If no sharp injury for the year, the year will be documented with no sharp injuries.

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 Student Affairs 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 — 12-29-19

Charles C. Cleary
Dean of Student Affairs

Date

Attachment 1

Tunxis Community College
Hepatitis B Vaccination

Employee Name: _____Date: _____

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

Hepatitis B Vaccinations

Dose 1
Date: _____
Healthcare Provider (Print name and credentials): _____
Healthcare Provider's Signature: _____

Dose 2
Date: _____
Healthcare Provider (Print name and credentials): _____
Healthcare Provider's Signature: _____

Dose 3
Date: _____
Healthcare Provider (Print name and credentials): _____
Healthcare Provider's Signature: _____

Section II: Contraindication for Hepatitis B Vaccination

Antibody Testing
Antibody testing reveals that the employee is immune to Hepatitis B.
Healthcare Provider (Print name and credentials): _____
Healthcare Provider's Signature: _____

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.

Attachment 2

Tunxis Community College
2019-2020 Training
Sign-In Sheet

Date:	
Instructor/s:	
Location:	
Time:	

Signature	Print Name	Title

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

Attachment 4 Tunxis Community College, 271 Scott Swamp Road, Farmington, CT 06032

Sharps Injury Log Year _____

Date	Case #	Type of Device	Brand Name of Device	Work area where injury occurred	Brief Description How Incident Occurred

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