



RHODE ISLAND COLLEGE

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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Rhode Island College
Bloodborne Pathogens Exposure Control Program

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1.0 Purpose

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to human blood or other infectious body fluids. Other potentially infectious body fluids include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any bodily fluid visible contaminated with blood.

2.0 Scope

Rhode Island College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The College will review and update this Plan at least annually and whenever necessary through ongoing observations of potential occupational exposure to employees, based on the following:

- Changes in job duties, employee assignments, processes or operations that would change the potential for occupational exposure or change which employees would be affected; or
- Changes in applicable regulations; or
- Changes in technology that could eliminate or reduce exposures; or
- Observed discrepancies or inadequacies of this Plan.

3.0 Definitions

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

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

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.



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Handwashing Facilities means a facility providing an adequate supply of running potable water, soap, and single-use towels or 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 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, anybody 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); and
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals 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 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



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containing blood or other potentially infectious materials.

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

Sharps 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.

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).

4.0 Employee Exposure Determination

Occupational exposure is any reasonably anticipated skin, eye, mucous membrane or other contact with blood or potentially infectious materials as result of the employee's duties. This includes, accidental needle sticks, improperly packaged sharps, cuts from broken glass containers of body fluids, accidental skin contact with vomit, urine or feces possibly contaminated with blood. Other potentially infectious materials that may enter the body through routes of exposure include human body fluids, unfixed tissue, organ cultures, culture medium and other solutions, or HIV and HBV infected animals.

5.0 Exposure Control Plan

5.1 Universal Precautions

Universal precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. Universal precautions include washing hands before and after exposure to blood and other body fluids. Employees should also always wear gloves, masks, goggles, other personal protective equipment (PPE) and use work practice controls to limit exposure to potential bloodborne pathogens. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

5.2 Labeling

Warning labels must be affixed to containers, refrigerators, freezers, etc. that contain blood or other potentially infectious material. Red or orange bags may also serve as an indicator of blood or OPIM.

5.3 Engineering and Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize exposure to bloodborne pathogens.



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1. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
2. Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment (PPE).
3. Needles, scalpels, lances, etc shall be disposed of in labeled, puncture-proof sharps containers, never in the trash.
 - a. Needles should never be recapped.
 - b. Needles may be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
4. Sharps disposal containers are inspected and maintained or replaced to prevent from overfilling.
5. Breaking or shearing of needles is prohibited.
6. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
7. No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or other potentially infectious materials are present.
8. Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
9. The plan is updated as new procedures, methods, or job descriptions change to ensure proper engineering controls and work practices are in place.

5.4 Personal Protective Equipment (PPE)

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment (PPE) shall also be utilized and is provided to Health Services staff at no cost to them. PPE must be cleaned, repaired, and replaced as needed. Employees should be properly trained to use the PPE provided.

All PPE 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 employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

Employees must:

- Utilize personal protective equipment in occupational exposure situations.
- Wear gloves when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious material (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Cells phones should never be used while using PPE and only after disinfecting possible exposed areas, hands, face, arms, etc.
- 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.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.



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- Never wash or decontaminate disposable gloves for reuse.
- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove garments that become penetrated by blood or OPIM immediately or as soon as feasible in such a way as to avoid contact with the outer surface.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage or disposal.

5.5 Housekeeping

Decontamination will be accomplished by utilizing the following materials:

- a. EPA-registered disinfectants
 - b. 10% (minimum) solution of chlorine bleach
- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
 - Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
 - Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
 - Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label.
 - When containers of contaminated sharps are being moved the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - Wash hands with disinfectant soap after any clean-up operation at the nearest handwashing facility.

5.6 Other Regulated Waste:

Other regulated waste shall be placed in red bags and containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport.

Transportation and disposal of regulated waste shall be coordinated through the Physical Plant.



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6.0 Hepatitis B Vaccine

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to Health Services. Vaccination is encouraged unless:

- 1) Documentation exists that the employee has previously received the series;
- 2) Antibody testing reveals that the employee is immune;
- 3) Medical evaluation shows that vaccination is contraindicated.

If the employee initially declines Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available at no cost.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal. This form can be found in **Appendix B**.

7.0 Post-Exposure Evaluation

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor.

If an employee incurs a needlestick or sharps injury or is exposed to the blood or body fluid of a patient during the course of their job, the following steps should immediately be followed:

- Wash exposed areas, needlesticks, and cuts with soap and water at a handwashing facility.
- Flush splashes to the nose, mouth, or skin with water for 5-15 minutes.
- Irrigate eyes with clean water, saline, or sterile irrigants for 5-15 minutes.
- Immediately seek medical treatment. Staff are referred to Roger Williams Medical Center Emergency Room at 825 Chalkstone Ave., Providence, RI for an evaluation for post exposure prophylaxis (PEP) will occur.
- Report incident to Director of Health Services.

Following a report of an exposure incident, the exposed employee shall go to the Student Health Center for a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.
3. The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV and HIV serological status. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
5. Counseling.
6. Evaluation of any reported illness.



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The Healthcare professional evaluating an employee will be provided with the following information:

1. A copy of this plan.
2. A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030)
3. Documentation of the route(s) of exposure.
4. A description of the employee's job duties relevant to the exposure incident.
5. Circumstances under which the exposure occurred.
6. Results of the source individual's blood testing, if available.
7. All medical records applicable to treatment of the employee, including vaccination status.

The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following: (1) whether the employee needs Hepatitis B vaccination; (2) whether the employee has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

1. That the employee was informed of the results of the evaluation.
2. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report.

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR 1910.1020.

8.0 Documentation

Circumstances of all exposure incidents are reviewed to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand) if applicable
- PPE or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (Lab, dental department, etc.)
- Procedure being performed when the incident occurred
- Employee's training
- Record all percutaneous injuries from contaminated sharps in a Sharps Injury Log
- Medical Records



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9.0 Training

All Rhode Island College personnel who, during their employment, may come into contact with human blood or potentially infectious bodily fluids shall be trained to this plan. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure. Training must be presented in a language that workers can understand.

Any employee who is exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.

10.0 OSHA Recordkeeping

Exposure incidents will be evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

Sharps Injury Log

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

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report. An example of a sharps injury log can be found in **Appendix C**.



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Appendix A: Emergency Contact List

Title	Name	Contact Info
Director of Facilities and Operations	Jay Jerue	(401) 456-8262 jjerue@ric.edu
Associate Director of Facilities and Operations	John Mentzer	(401) 456-8537 jmentzer@ric.edu
Campus Police Director of Security/Chief of Campus Police	Col. James Mendonca	(401) 456-8888 jmendoca@ric.edu
Health Services Interim Director of Health Services	Christie Rishworth, N.P.	(401) 456-8055
Facilities and Operations Administrative Assistant	Julie Teixeira	(401) 456-8262 jteixeira@ric.edu



Appendix B: Hepatitis B Vaccine Declination

Hepatitis B Vaccine Declination

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

(print name)

(title)

(date)

(signature)



Appendix C: Sharps Injury Log

The Bloodborne Pathogen rule requires that Rhode Island College establish and maintain a Sharps Injury Log to record all contaminated sharps injuries at the facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

The Sharps Injury Log needs to do all of the following:

Maintain sharps injuries separately from other injuries and illness kept on the Injury and Illness Log

Include ALL sharps injuries that occur during a calendar year

Be retained for 5 years beyond the completion of that calendar year; and

Preserves the confidentiality of affected employees.

Date	Case/ Report No.	Type of Sharp	Work Area where injury occurred	Brief description of how the incident occurred