

GUILFORD TECHNICAL COMMUNITY COLLEGE

EXPOSURE CONTROL PLAN BLOODBORNE PATHOGENS AND OTHER POTENTIALLY INFECTIOUS MATERIALS

I. PURPOSE

The purpose of the Exposure Control Plan is to significantly reduce the risk of infection for employees with potential to be exposed to blood or body fluids. The targeted diseases include but not limited to: Hepatitis Viruses, and Human Immunodeficiency Virus (HIV).

This plan and noted procedures are in compliance with the standards U.S. Department of Labor in 29 CFR 1910.1030 Occupational Safety and Health Administration (OSHA), pertaining to employees who may be subject to occupational exposure to bloodborne pathogens.

This plan identifies the job classifications that have been determined to have potential exposure to blood and other potentially-infectious materials at the college. This plan also describes the methods of compliance with applicable requirements of the Standard and a procedure for evaluating exposure incidents. All full- and part-time employees of the college whose job classifications make them at risk for exposure to bloodborne pathogens are required to comply with this plan and with requirements of the Standard. Any failure to comply may be cause for disciplinary action.

College employees involved in the instruction of students at off-campus clinical sites will comply with the plan established by that facility as well as the Exposure Control Plan of the College.

Departments/Programs utilizing on-campus sites for instruction in which there is a high risk of exposure to bloodborne pathogens will establish specific exposure control policies and procedures as applicable to the situation in conjunction with the Program Coordinator.

1. RESPONSIBILITY

All Department Chairs/Program Directors are responsible for implementing the Exposure Control Plan and ensuring compliance with it and the Standard, including training required by this Standard. **Programs with the greatest risk will have program coordinators identified in Attachment 1, Section A.** New employees are to be trained within 30 days of hire, and annual training on this plan will be the Department Compliance Officer's responsibility for their division/department.

The Exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

- a. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- b. Document annual consideration and implementation of commercially available and safer medical devices designed to eliminate or minimize occupational exposure. Non-managerial employees affected by and/or using needles, or involved in the selection of needles and syringes, must be involved in the decision and provide input in choosing

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safer devices. All considerations are to be reviewed and decided on by the compliance officer for the respective department / division impacted.

2. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

The Exposure Control Plan may be examined by employees during the employee's regular working hours or at such other time as is reasonable. Copies of this Plan are available in areas designated under Attachment 1, Section B.

3. DEFINITIONS

Bloodborne Pathogens: 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), Hepatitis C Virus (HCV, Human Immunodeficiency Virus (HIV), and Ebola Virus Disease (EVD).

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

Contaminated Sharps: 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 instruments.

Engineering Controls: 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 pathogen hazard from the workplace.

Needleless Systems: a device that does not use needles for:

- a. the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- b. the administration of medication or fluids; or
- c. any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. Percutaneous means passed, done or effected through the unbroken skin.)

Occupational Exposure: any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially-infectious materials that may result from the performance of an employee's duties. (Parenteral means (1) inside the body but outside the intestine, (2) brought into the body through some way other than the digestive tract, as by subcutaneous or intravenous or intramuscular injection.)

Other Potentially Infectious Materials (OPIM):

- a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between

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body fluids.

b. An unfixed organ or tissue (other than intact skin) from a human (living or dead).

HIV-containing cells or tissue cultures, organ cultures, and HIV, HCV, HBV or Ebola Virus Disease (EVD) containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HCV, HBV or Ebola Virus Disease (EVD).

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, blouses) not intended to function as protection against a biohazard are not considered to be personal protective equipment.

Regulated Waste: 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: 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.

Standard Precautions: an approach to infection control. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious bloodborne pathogens.

Work Practice Controls: 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.)

II. EXPOSURE DETERMINATION

The Risk Manager or designee, Human Resources and the Compliance Officers from each division / department are responsible for classifying tasks performed in the Compliance Officers' areas of responsibility that have a potential of exposure to blood or other infectious body fluids. Whenever possible, additional procedures are established to eliminate or reduce task-associated risks.

The Human Resources Representative and the Risk Manager or designee shall ensure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been evaluated by the appropriate department managers and that a Risk of Exposure has been identified. For jobs with a potential exposure, a list of tasks or procedures which present a potential occupational exposure to those employees will be prepared by the appropriate division or program chair or his/her designee. Assignment of personnel to a new department in the same basic job may necessitate a formal change of job title to ensure that they will receive training according to that job's risk classification. This must be reviewed by department managers on an annual basis.

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All department managers and supervisors are responsible for monitoring employees' job performance and for updating job descriptions/class activities both on and off-campus if new tasks are being performed by individuals in a job/class which present a change in exposure status while on any of the College's campuses or their clinical sites. Updates to job descriptions as they relate to this Standard are to flow through the division / department Compliance Officer, and is to be shared with Human Resources and the Risk Manager.

Managers and supervisory personnel are also responsible for monitoring employees' training status and their compliance with Universal Precautions and other risk-reducing policies; being particularly attentive to recognize, act on, and prevent unsafe actions by anyone in their presence. Initial and subsequent annual training is to be documented by the immediate supervisor and flow through the Compliance Officer to the Program Coordinator and Human Resources.

The Risk Manager or designee shall ensure that whenever a new position description is prepared, it is reviewed for exposure risks with the supervisor/manager involved in filling the job prior to it being approved.

All employees share responsibility with and for their co-workers to ensure compliance with the letter, spirit, and intent of this institution's policies for the prevention of transmission of disease among employees, students, and visitors of the College. Therefore, each employee must know how to recognize occupational exposure and must communicate changes in the exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

EXPOSURE CLASSIFICATIONS Are listed in Attachment 1, Section F for jobs and tasks presenting a potential risk of exposure. Section G provides jobs that normally would not have an exposure risk unless certain unplanned tasks have to be performed, such as administering first aid as part of the college system or having to clean blood.

III. RECORDKEEPING

The Human Resources will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens or OPIM. Each employee's record should contain the following:

- a. Employee's name and Social Security Number, and college ID number.
- b. A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form. Faculty / Staff (including housekeeping) directly involved with medical programs must present proof of all vaccines and necessary titers (see Attachment 2; differing wording is included for accepting or declining vaccinations, or a statement that vaccination has been done at a prior employer.)
- c. If an exposure occurs, the Division / Department Compliance Officer will maintain copies of the incident report, the post-exposure follow-up procedures performed, documentation of the route(s) of exposure, the results of the source individual's blood testing, if available, and a copy of the healthcare professional's written opinion for the exposed employee. The employee's post-exposure treatment should also be

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documented. Copies of this documentation are to be provided to Human Resources and the Program Coordinator. OSHA Form 301 is to be completed along with the Exposure Control Plan Incident Form included at the end of this Plan.

A log of injuries from contaminated sharps will be maintained to help in evaluating effectiveness of preventing needlestick injuries. The OSHA Form 300 will be used for this log. It will be maintained separately from other injuries recorded on OSHA Form 300. Human Resources will be responsible for maintaining this log. Each Division / Department Compliance Officer will be responsible for providing this information to Human Resources. Copies of the Incident Form and the OSHA Form 301 will be forwarded to the Program Coordinator and the Risk Manager.

1. RECORD MAINTENANCE

- a. An employee's records will be maintained apart from their personnel file by the Human Resources Department will be kept confidential and not be disclosed or reported without the individual employee's written consent, except as required by federal, state, or local laws. The employee's records relative to implementation of this written program will be made available to the appropriate Human Resources personnel, the Risk Manager and the Program Coordinator in order to facilitate the management of this plan.
- b. An employee's records will be maintained by the College according to the records retention policy.

2. TRAINING RECORDS

- a. Employee training records will include the following information related to specific education about bloodborne pathogens:
 - i. The dates of the training sessions,
 - ii. The contents or a summary of the learning objectives of the training session,
 - iii. The name(s) and qualifications of the person(s) conducting the employee training,
 - iv. The names and titles of all persons attending the training sessions, and
 - v. The training records must be kept for three (3) years.
- b. Training records will be maintained at the location designated on Attachment 1, Section C and will be kept current by the Program Coordinator and the Director of Organizational Development. Copies will be provided to HR. The Director of Employee Development and Engagement will be responsible for coordinating with the Compliance Officers for the annual refresher training during the Professional Development days at GTCC.
- c. The college will ensure that all records required to be maintained by the OSHA Standard shall be made available upon request to federal and state officials for examination and copying.
- d. Employee training records required by the OSHA Standard will be provided upon request for examination and copying to employees, to employee representatives, and to federal, state, and local officials in accordance with 29 CFR 1910.1020.
- e. The college shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020 (h).

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- f. If the community college ceases to do business and there is no successor employee to receive and retain the records for the prescribed period, the College shall notify the Director of the National Institute for Occupational Safety and Health, U.S.

Department of Health and Human Services, at least three (3) months prior to their disposal. The College shall also transmit these records to the Director, if the Director requires them to do so, within that three (3) month period.

IV. METHODS OF COMPLIANCE

The college will practice and enforce Standard Precautions to prevent contact with blood or other potentially-infectious materials (i.e., semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and in situations where it is difficult or impossible to differentiate between body fluids).

- a. Standard precautions will be used consistently in a setting where the risk of blood exposure is present.
- b. All identified employees will follow industry standard precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially infectious materials is anticipated.
- c. Disposable gloves (single use) will always be replaced as soon as practical when visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Impervious gloves will not be washed or decontaminated for reuse.
- d. Masks and protective eyewear combination (goggles or glasses with solid side shields), or face- shields which protect all mucous membranes will be worn when performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or other potentially infectious materials.
- e. Impervious gowns, aprons, or other protective body clothing will be worn when performing procedures likely to generate splashes or splatters of blood or body fluids and in all occupational exposure situations.
- f. The hepatitis B vaccine will be offered and provided free of charge at a convenient time and place to all employees in the jobs determined to have a potential exposure to blood or other infectious body fluids. Cone Health Employee Health and Wellness is the recommended provider of services for this plan.
- g. Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.
- h. Hands or other skin surfaces will be washed immediately using a five-minute scrub if contaminated with blood or other body fluids. Hands will also be washed every time after removing protective gloves.
- i. Safety precautions will be followed to prevent injuries caused by needles, scalpel blades, and other sharp instruments.
- j. All sharps (e.g., needles, scalpels,) will be placed in properly labeled containers with the international biological hazard symbol and the wording "Biohazard."
- k. Identified employees with exudative lesions (a.k.a. oozing lesions) or weeping dermatitis will refrain from all direct patient contact during student activities and from handling patient-care equipment until the condition resolves.

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WORK PRACTICES

- a. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- b. Food or beverages will be consumed only in a safe designated area. Food and drinks will not be kept on the countertops or benchtops, nor in refrigerators, freezers, shelves or cabinets where blood or other potentially-infectious materials are present.
- c. Employees will wash hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. Antiseptic hand cleansers or towelettes, in conjunction with paper towels, will be used if hand-washing facilities are not available.
- d. Employees will wash their hands or any other skin for at least five (5) minutes; or flush the mucous membranes with water immediately, (if contamination is in the eyes, flush for 10-15 minutes) or as soon as possible, following contact with blood or other potentially-infectious materials.
- e. The mucous membranes (eyes, nose, mouth) will be protected when there is a likelihood of splatter or splashes from blood or body fluids. All procedures involving blood or other potentially-infectious materials (OPIM) will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.
- f. Mouth pipetting or suctioning of blood or other potentially-infectious materials is prohibited.
- g. Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken, or removed (a mechanical device or a one-handed technique may be used to recap or remove needles). Immediately, or as soon as possible after use, contaminated sharps will be placed in containers which are puncture resistant, leak-resistant, and properly labeled or color-coded. All glass and hard plastics (intact or broken), which are to be discarded, will be treated as sharps.
- h. Specimens of blood or other potentially-infectious materials will be placed in a designated regulated waste container.
- i. Any blood or body fluid related accident (i.e. needle stick, blood or body fluid splatter or splash to the mucous membranes) will be reported immediately to the supervisor. The supervisor is required, within 8 hours, to complete an OSHA Form 301 and an Exposure Control Plan Exposure Incident Report and forward it to his/her Compliance Officer. That supervisor is also to inform the exposed employee of the availability of testing, other treatment and counseling by our Occupational Medicine provider for exposures covered by this program.
- j. Equipment which has been contaminated with blood or other potentially infectious materials will be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. (An example of a piece of equipment that can be decontaminated is dental ultrasonic scalers) Equipment, or portions thereof, which is not decontaminated require that a warning label be affixed.

PERSONAL PROTECTIVE EQUIPMENT

All employees should have access to, become familiar with, and follow personal protective equipment policies established by each of the College's departments on all of the College's campuses and off-campus clinical sites in which they are participating in clinical experiences for students. Personal protective equipment will be provided, at no cost to the employee, when there is potential for an occupational exposure. A list of protective equipment is included in Attachment 1,

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Section I.

Personal protective equipment will be used for all occupational exposure situations.

- a. Appropriate personal protective equipment in appropriate sizes will be readily accessible in each work area. In most instances, personal protective equipment will be provided at off-campus clinical sites by the participating facility for college employees involved in patient care activities which may involve exposure. Types of equipment and its location will be determined by the facilities Exposure Control Plan.
- b. Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially-infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
- c. Hypoallergenic gloves, glove liners, powderless gloves, non-latex and other similar alternatives will be readily accessible to employees who are allergic to gloves normally provided.
- d. Cleaning, laundering, repair, replacement, or disposal of personal protective equipment will be provided at no cost to employee. Each department that has this exposure is responsible for this aspect of this plan and must share this information with the Program Coordinator so that we can measure the cost of PPE to the college.
- e. Personal protective equipment will be utilized when working with patients and potentially-infectious materials; disposable protective gloves will be used during direct patient care and handling of contaminated disposable waste items.
- f. If a garment(s) is penetrated by blood or other potentially-infectious material, the garment must be removed immediately or as soon as feasible.
- g. Personal protective equipment will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.
- h. Utility gloves will be decontaminated for reuse, if the integrity of the glove is not compromised. They must be cleaned in a 1:10 solution of bleach, and examined carefully before reusing. They must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration. For example, we have a need and use for Utility gloves on a daily basis in Dental. They are not cleaned with the bleach solution but are disinfected with a phenol-based solution. These gloves are used to handle and package contaminated instruments and equipment.
- i. Personal protective equipment for on-campus sites will be located in specific places as designated by the Division / Department Compliance Officer.

SHARPS

- a. Only disposable needles will be used at the college and whenever applicable, safety needle devices purchased.
- b. Contaminated sharps will be discarded immediately or as soon as possible in containers which are closable, puncture-resistant, leak-proof on the sides and bottom, and (1)

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- labeled with the international biological hazard symbol and the wording "Biohazard" or (2) red containers.
- c. The sharps containers will be easily accessible to personnel and located as close as possible to the areas where sharps are used.
 - d. The sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overflow.
 - e. During replacement or removal from the work area, the sharps containers will be closed to prevent the spillage or protrusion of contents during handling, storage, transport, or shipping. The sharps containers will be placed in a secondary container if leakage is possible.
 - f. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of a percutaneous injury.
 - g. Immediately, or as soon as possible, after use, contaminated reusable sharps must be placed in containers until properly decontaminated. These containers will be puncture resistant, leak-proof on the sides and bottom, and will either be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.
 - h. All reusable sharps will be properly sterilized or decontaminated after use as recommended by the Center for Disease Prevention and Control.
 - i. Contaminated reusable sharps will not be stored in a manner which requires employees to reach into the containers.

SPECIMENS

- a. Specimens of blood, tissue, or other potentially-infectious materials collected or transported by the college will be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping.
- b. The container will be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol. The container must be closed prior to storage, transport, or shipping. If outside contamination of the primary container occurs, the primary container is to be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded appropriately.
 - i. If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to having the above characteristics.
 - ii. Spills of infectious material will be handled using an appropriate spill kit.

LAUNDRY

- a. Employees handling contaminated linen will wear protective gloves and other appropriate PPE to prevent exposure to blood or other potentially-infectious materials during the

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handling and sorting of soiled linen and other fabric items.

- b. Laundry that is contaminated with blood or other potentially-infectious materials or that may contain contaminated sharps will be treated as infectious and handled with a minimum amount of agitation.
- c. Contaminated laundry will be bagged at the location where it was used.
- d. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."
- e. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
- f. Red bags or red containers may be substituted for labels.
- g. Contaminated laundry that is wet and presents a reasonable likelihood of soak through or leakage from the bag will be transported in bags or containers which prevent the fluids from the exterior.
- h. All contaminated laundry shipped off-site to another facility which does not utilize Universal Precautions must be labeled or color-coded as follows: (All contaminated laundry is handled internally.)
 - i. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."
 - ii. The "Biohazard" labels used will be fluorescent orange or orange/red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
 - iii. Red bags or red containers may be substituted for labels.
 - iv. The laundry service will be contacted by the Program Coordinator before shipping.

HOUSEKEEPING

The college department/area will be maintained in a clean and sanitary condition. A written schedule for cleaning and a method of decontamination, based on the location, type of surface, type of soil present, and procedures being performed in each area, has been developed with Housekeeping Services.

- a. All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially-infectious materials.
- b. The process of decontamination will be conducted after completion of procedures based on healthcare disinfection standards; when surfaces are overtly contaminated; after the spill of blood or other potentially-infectious material; and at the end of the work shift, if the surface may have become contaminated since the last cleaning.
- c. Only approved disinfectants will be used, such as hospital-grade disinfectant mixed fresh each day; or as listed in Attachment 1, Section S.
- d. Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper will be removed at the end of the work shift or whenever they

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become overtly contaminated during the shift.

- e. Any bins, pails, cans or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.
- f. Broken glassware which may be contaminated with blood or other potentially infectious materials must be handled with the aid of a mechanical device (i.e., brush and dustpan, tongs, or forceps). It shall not be picked up by hand.

REGULATED WASTE

Regulated waste includes:

- a. liquid or semi-liquid blood;
- b. other potentially-infectious materials that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed;
- c. items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling;
- d. contaminated sharps;
- e. pathological and microbiological wastes containing blood or other potentially infectious materials; and
- f. any item, such as bandages, gauze, linens, or used personal and protective equipment that becomes covered with or contains liquid blood or other potentially-infectious materials.

The following guidelines will be followed to meet the federal, state, and county guidelines; however, if the North Carolina and local medical biohazardous waste regulations are more stringent, then these regulations will also be incorporated into the plan.

- a. Specimens of blood or other potentially-infectious materials will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping.
- b. For disposal of regulated waste, the College shall provide containers that are:
 - i. Closable.
 - ii. Constructed to contain all contents and prevent leakage of fluids.
 - iii. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.
- c. The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.
- d. If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container.
- e. The College shall place the containers for regulated waste in every appropriate laboratory and classroom.
- f. Immediately, or as soon as feasible after use, disposable sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and that are labeled with a "biohazard" symbol or color-coded in red. A commercial sharps container is acceptable.
- g. Any regulated waste is picked-up and transported by an outside contractor.

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HAZARD COMMUNICATION

The College must affix florescent orange or orange-red labels with letters in a contrasting color to containers of regulated waste, refrigerators and freezers containing blood or other potentially-infectious material, and other containers that will be used to store, transport, or ship blood or other potentially-infectious materials. All such labels must have the universal biohazard symbol.

BLOOD SPILLS

At this college (except in Health Career programs) employees and students are not to clean up another person's blood. This task is assigned to our housekeeping staff.

HEPATITIS AND HEPATITIS B VACCINE

1. INFORMATION ON HEPATITIS

- a. Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Many people with Hepatitis B recover completely, but approximately 10% become chronic carriers; one to two percent (1-2%) dies from fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis, and liver failure). There is also an association between the Hepatitis B virus and hepatocellular carcinoma (liver cancer)
- b. Hepatitis B virus can be transmitted by contact with body fluids including blood (along with contaminated needles), semen, and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B due to frequent contact with blood or potentially contaminated body fluids and, therefore, the vaccine is recommended to prevent the illness.

2. INFORMATION ON HEPATITIS B VACCINE

- a. Three (3) doses of Hepatitis B vaccine are needed to confer protection. Clinical studies have shown that after three (3) doses, ninety-six percent (96%) of healthy adults have been seroconverted. Doses are administered at zero (0), one (1), and six (6) months.
- b. Employees who have occupational exposure will be provided, at no cost, the Hepatitis B vaccine and vaccination series, as well as post-exposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.
- c. Protocol for the above procedures will be performed under the supervision of a licensed physician or by another licensed healthcare professional and provided in accordance with the recommendations of the U.S. Public Health Service. (See attachment 1 for discussion on medical services provider.)
- d. The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 Bloodborne Pathogens if they do

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- not have one.
- e. The Hepatitis B vaccination will be available to employees within ten (10) working
 - f. days of initial assignment involving potential exposure and after they have received training on the required subjects.
 - g. The Hepatitis B vaccine and any future booster(s) recommended by CDC will be available to employees who have an occupational exposure, unless they have previously received the complete Hepatitis B vaccination series, and antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.
 - h. A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination. (Note: Hepatitis B vaccination can be given without testing for the virus first and is prudent to do so from a cost and benefit analysis perspective.)
 - i. An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date.
 - j. Employees who decline to accept the Hepatitis B vaccination will be required to sign the declination statement, Attachment 2.
 - k. All part-time employees who may have occupational exposure to Hepatitis B will be offered the Hepatitis B vaccine free of charge, as long as they are employed by the College. If the employee's assignment ends at the College before the completion of the vaccination series, that individual will be responsible for completing the series at his or her own expense.
 - l. Employees who have already had the vaccine at another location must send or deliver a copy of their vaccination record, with all necessary titer results, to the Program Coordinator to be placed in the employee's file.

V. POST-EXPOSURE

1. IMMEDIATELY TAKE THE FOLLOWING STEPS:

- a. Immediately take appropriate precautionary measures. For eye, mouth and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes. For needle sticks, puncture wounds, or contamination of any body part with blood, scrub for a minimum of five (5) minutes.
- b. Report the incident to the appropriate persons (e.g., supervisor, program director, or department head) *IMMEDIATELY*.
- c. If the source individual is known and present, inform the individual of the incident and the need for him/her to be tested. Testing of the source individual must be done at no cost to him/her. If the source individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need to be tested.
- d. If the source individual refuses to be tested or does not report for testing within a reasonable time, the exposed individual will be advised of this fact as will our

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- occupational medical provider. The occupational medical provider will counsel the
- e. exposed individual accordingly.
 - f. Be sure to complete an Exposure Incident Report (Attachment 3). It will be necessary to report the incident to the insurance representative in Human Resources within twenty-four (24) hours so that a worker's compensation form can be completed.
 - g. Arrangements for a confidential medical consultation and follow-up are made at no cost to the employee, and at a convenient time and location. A letter and Incident Report form are sent to the physician by the Division / Department Compliance Officer, Attachment 3. The college medical provider information is listed in Attachment 1, Section J.
 - h. The College will provide documentation detailing the route(s) of exposure, the circumstances under which the exposure incident occurred, and the identity of the source individual, unless such identification is not feasible or is prohibited by state or local law (recorded on Incident Report form, Attachment 3)
 - i. If known, the source individual's blood will be tested by licensed medical personnel for HBV, HCV, HIV as soon as feasible, within twenty-four (24) hours; however, we cannot force the individual to be tested.
 - j. If the source individual is already known to be infected with HBV, HCV, HIV or Ebola Virus Disease (EVD), testing need not be repeated.
 - k. Whether the source individual's blood tests are done as a result of the exposure incident or previous testing has revealed the source individual to be infected with HBV, HCV, HIV the results of the source individual's blood tests will be given to the exposed employee. (This is permitted and is not a HIPAA violation. State public health law 10A NCAC 41A.0202 and .0203 compel testing, but is not required unless the source individual will pose a threat to the community.)
 - l. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual at the time the source individual's testing results are given to the employee. (Assumes source individual is cooperative.)
 - m. If the source individual cannot be identified, the exposed employee's blood will be tested for HBV, HCV and HIV infectivity as soon as feasible within twenty-four (24) hours and with consent.
 - n. If the exposed employee consents to baseline collection of blood, but refuses HIV testing, the laboratory is instructed to preserve the sample for ninety (90) days. (If, the employee elects to have the sample tested during this time period, this shall be done.)
 - o. If all tests on the source person and the exposed employee are negative, and the exposed employee has an adequate Hepatitis B immunity response, there will not be a need for further testing. Each case will be evaluated individually and test results reviewed. If the source person is positive for HBV, HCV, HIV following CDC guidelines after exposure, the employee must give consent for re-testing.
 - p. Follow-up of the exposed employee will include counseling, medical evaluation of any

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- acute febrile illness that occurs within twelve (12) weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practices.
- q. Following an exposure incident, the College will provide the healthcare professional with the following information if the employee chooses to be treated by their personal physician:
 - i. A copy of The Standard: 29 CFR 1910.1030 if they do not have one.
 - ii. A description of the exposed employee's duties as they relate to the exposure incident.
 - iii. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
 - iv. Results of the source individual's HCV, HBV testing if available.
 - v. All records relevant to the appropriate treatment of the employee, including his/her vaccination status.
 - r. An evaluation of the employee's work practices and protective equipment or clothing used at the time of the incident must be made by the Program Coordinator and changes made as indicated.
 - s. The College will provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of completion of the medical evaluation.

TRAINING

1. TRAINING REQUIREMENTS

- a. Training will be provided for employees who are at risk for occupational exposure to blood or other potentially-infectious materials and hazardous chemicals.
- b. All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.
- c. Training sessions for employees will be scheduled:
 - (a.) At the time of initial assignment to tasks involving occupational exposure.
 - (b.) Whenever tasks or procedures change which affect an employee's occupational exposure.
 - (c.) When required due to unusual circumstances.
- d. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the Standard, only training with respect to the provisions of the Standard which were not included need be provided.
- e. Annual training for all employees shall be provided within one (1) year of their previous training.
- f. The College shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the exposure(s) created.
- g. Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

2. CONTENT OF TRAINING SESSIONS

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A training Webinar and PowerPoint presentation is available from Employee Development and Engagement via Learner Web.

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

- a. An accessible copy of the regulatory text of this Standard and an explanation of its contents.
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases. (Other Bloodborne Pathogens include Malaria, Syphilis, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections, Relapsing fever, Creutzfeldt-Jakob Disease, Human T-Lymphotropic Virus Type 1 & 2, and Viral hemorrhagic fever. While only the first two are indigenous to the U.S. with our international efforts we may need to address these diseases
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially-infectious materials.
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of protective equipment.
- h. An explanation of the basis for selection of personal protective equipment and how to gain access to it.
- i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially-infectious materials.
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- m. An explanation of the signs, labels, and/or color-coding required by the Standard.
- n. An opportunity for interactive questions and answers with the person conducting the training session.

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**Guilford Technical Community College
Exposure Control Plan
Attachment 1**

The Program Coordinator(s)-are:

Wesley Reid	David Frazee	Jeremey Bennet	Nita Little
Risk Manager	Division Chair, Health Sciences	AVP Instruction (covering Human Services and Public Safety)	Instructor, Dental Science
Campus Operations TC 1142 x. 50090	Health Technologies, Rm. 112 x. 50351	MCC 4209 x. 50079	Dental Science, Rm. 101-D x. 50186
Lisa Dunlap	Gene Sapino	Warren Crow	Von Harmon
Human Resources	Chief, Campus Police	Director, Health Careers	Manager, Building Services
Medlin Campus Center, Rm. 4304 x. 50693	Service Careers RM. x. 50097	Business Hall, Rm. 205 x. 50388	Campus Operations Rm. 1152 x. 50242
Kirk Chandler	L.J. Rush	Melinda Wray	David Tanner
Athletics Director	Department Chair, Culinary Arts	Director Medical Assisting	Director Nursing
Campus Operations Rm. 0107 x. 50215	Koury Hospitality Management, Rm. 275 x. 50468	HHT 126 x.50428	HHT 254 x.50426

A.

A Copy of the Exposure Control Plan is located in the following areas:

Program Coordinator's Office Department Chairs
 Pertinent Labs Human Resources
 Other: GTCC Webpage, Faculty/Staff portal and Campus Police Office

Employees are informed of the location of this & other safety plans:

During Orientation
 _____ Other:

B.

Training Records are maintained by:

The Division / Department Compliance Officer who will supply a copy of them to the Program Coordinator and the Director of Organizational Development

Training Records are located: in the offices of the Director of Organizational Development and the office of the Program Coordinator, and in each Compliance Officer's office.

C. Exposure Records are maintained by the Compliance Officers and copies made available to the Program Coordinator and Human Resources.

D. Exposure Determinations are made by the Risk Manager, Human Resources, and the Compliance Officers of each Division or Department impacted by this Standard. Each job description impacted will be revised to include specific reference to this exposure and the requisite training and PPE that is to be made available to that job description.

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E. Employees with the following departments have been identified as having a potential risk to blood or other Infectious body fluids:

TITLE TASKS

- Associate Degree Nursing Clinical/Lab Instructor
- Nurse Aide Clinical/Lab Instructor
- Registered Nurse Refresher Clinical/Lab Instructor
- Dental Assisting Clinical/Lab Instructor
- Dental Hygiene Clinical/Lab Instructor
- Dental Laboratory Facilitator
- EMS and Fire Safety Instructor
- First Aid Team
- Medical Assisting Clinical/Lab Instructor
- Medical Lab Technology Clinical/Lab Instructor
- Physical Therapist Assistant Clinical/Lab Instruct
- Radiography Technology
- Respiratory Care Clinical/Lab Instructor
- Surgical Tech
- Venipuncture
- Phlebotomy

(The last term means to make an incision in a vein or a puncture made by a needle to draw blood for testing. The term previous to it means puncturing a vein for taking blood, but also for other purposes such as intravenous feeding or administration of a drug.)

F. Please list jobs that normally do not involve potential exposure, but may require performing unplanned exposure tasks such as administering initial emergency first aid; cleaning blood spills, etc.

Emergency First Aid: (List job titles & tasks)

Job Titles:	Tasks Performed:
Campus Police	CPR First Aid
Culinary Arts Instructor	CPR First Aid
BLET Instructor	CPR First Aid
Fire Fighter Instructor	CPR First Aid
EMS Instructor	CPR First Aid
Building Captains and Co-Captains	CPR First Aid

Cleaning Blood or other body fluids:

Job Titles:	Tasks Performed
Custodial Worker	General Cleaning
Childcare Worker	General Cleaning
Grounds Worker	General Cleaning

G. What cleaning solution do you use to decontaminate?

- Hospital-Grade Disinfectant
- Other Approved Cleaner: Stat III Phenolic Cleaner

H. What Personal Protective Equipment is available?

- Latex Gloves Face Masks
- Non-Latex Gloves Fluid Resistant Aprons/gowns
- Eye Protection Safe needle device
- Other: (List): lab coats, resuscitation bags, pocket masks, face shields, safety glasses, mouth pieces

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I. Which medical provider would you refer an exposed employee to?

Cone Health Employee Health and Wellness
719 Green Valley Road, Greensboro, NC 27408
336-832-3600

MediQ Urgent Care
5718 W. Gate City Blvd., Greensboro, NC 27407
336-738-1691

Atrium Health High Point Medical
601 N. Elm St., High Point, NC 27262
336-878-6000

**EXPOSURE CONTROL PLAN
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Hepatitis B Vaccine Record Form

Attachment 2

Hepatitis B: Special Precautions:

I have read information on hepatitis B and have had an opportunity to ask questions. I understand the benefits and risks of Hepatitis B vaccine, and voluntarily agree to be immunized. I understand that I must have 3 doses of the vaccine to confer immunity. As with all medical treatments, there is no guarantee that I will become immune. I am in general good health. I am not immunosuppressed, on hemodialysis, pregnant, or breast-feeding.

Name Date of Birth

Address City State Zip Home Phone

Signature Date Department

Date: Type: Mfg & Lot #:

(If known)

Exp. Date:

(If known)

Given By:

(If known)

1. _____
2. _____
3. _____

**Guilford Technical Community College Hepatitis B
Vaccination Waiver**

1. Employees have the right to decline the Hepatitis B vaccination after consultation with their physician on the importance of receiving the vaccination. If employees decline the vaccination, they understand they may be at risk of acquiring Hepatitis B Virus (HBV) infection, and hereby release Guilford Technical Community College from any liability related to the failure to have the immunizations. Employees understand that due to the clinical experiences or lab experiences required in their curriculum, they have the potential to be exposed to blood and/or other infectious diseases.

By signing this waiver, 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 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.

Employee Printed Name ID #

Employee Signature Date

Date of Birth

**EXPOSURE CONTROL PLAN
BLOODBORNE PATHOGENS AND OTHER POTENTIALLY INFECTIOUS MATERIALS**

2.If you have previously received Hepatitis B vaccine through another organization or employer:

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I decline hepatitis B vaccination at this time due to the fact that I have previously received all 3 hepatitis B vaccines through another organization; or I know that I already have immunity due to hepatitis B antibody count.

Signature of employee: _ Year of hepatitis B vaccine: ___ Through what organization: ___

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**EXPOSURE CONTROL PLAN
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**Guilford Technical Community College
Letter to Licensed Medical Personal Evaluating Employee Injured
From Possible Blood Exposure
Attachment 3**

Dear Dr. _____:

An employee at our Community College encountered a blood exposure injury on _____ . Please refer to the attached supervisor's injury report for the route of entry and circumstances regarding this incident. This employee has come to you for a medical evaluation, and you may treat as medically indicated. If you do not have one, we can supply a copy of the U.S. Public Health Service recommendations regarding these testing and treatment options.

The status of the source which may have infected the employee is indicated below:

_____ The source cannot be determined.

_____ The source has given their consent for HBV/HIV antibody testing to be done.

A copy of the medical evaluation must be delivered to the employee within 15 working days of the injury. In your report, please limit your findings to indicate that the employee has been informed of the results of the evaluation and has been informed of any medical condition possible resulting from the exposure during the incident and any further treatment which may be needed. The results of the investigation of this injury will be treated confidentially by all parties. Thank you for your assistance.

Sincerely,

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Guilford Technical Community College

Exposure Incident Form

Name of Employee: _____

Date of Incident: _____ Time of Incident: _____

Location: _____

Type of Exposure (puncture, splash, cut, etc.): _____

Type of Infectious Material (blood, body tissue, body fluid, vomit...) and Amount if Known: _____

Parts of Body Exposed: _____

Severity of Exposure: (depth of puncture, etc.): _____

Source of Exposure: _____

Did source authorize testing of his/her blood? _____

Results of testing of source individual: _____

Circumstances (work being performed etc.):

1. How and why the exposure incident occurred?
2. What job duty was being performed at the time?
3. Was the duty being performed routine part of the job?

Methods of Control in Place: _____

Personal Protective Equipment Being Used: _____

If Personal Protective Equipment Was Not Being Used, Explain Why: _____

Action Taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for Avoiding Future Incidents: _____

The Department Chair/Supervisor must complete this form in addition to the Injury Report Form. Contact the Program Coordinator for questions.

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**EXPOSURE CONTROL PLAN
BLOODBORNE PATHOGENS AND OTHER POTENTIALLY INFECTIOUS**

Plan Review and Approval

Name:

Date:

Mike Gray

6/2014

Mike Gray

8/2016

Mike Gray

8/2017

Mike Gray

7/2018

Mike Gray

9/2019

Mike Gray

4/2021

Mike Gray

4/2023

Gene Sapino

07/2024