EXPOSURE CONTROL PLAN

FOR

OCCUPATIONAL EXPOSURE

TO

BLOODBORNE PATHOGENS

Revised July, 2007
Policy Statement

Saint Joseph's University is committed to providing a safe working environment and believes employees have a right to know about health hazards associated with their work. This Exposure Control Plan includes information to raise awareness of employees to the potentially infectious materials in the workplace and the training and workplace improvements to reduce exposure.

The Saint Joseph's University Exposure Control Plan has been developed in accordance with the Occupational Safety and Health Administration's (OSHA) Occupational Exposure to Bloodborne Pathogens; Final Rule, 29CFR Part 1910.1030. Definitions can be found in the standard.
Contents:

A) Exposure Determination

B) Schedule and Methods of Implementation
   1. Universal Precautions
   2. Engineering Work Practice Controls
   3. Personal Protective Equipment
   4. Examples of Procedures and Required Protective Wear
   5. Housekeeping
   6. Laundry
   7. Compliance Monitoring

C) Hepatitis B Vaccination, Post Exposure Evacuation and Follow Up

D) Training
A. Exposure Determination

OSHA and other regulatory agencies require that employers prepare an Exposure Determination when an occupational exposure may result during the performance of an employee’s duties. This exposure may occur from a reasonably anticipated skin, eye, mucous membrane or similar contact with blood or other potentially infectious materials.

Saint Joseph’s University’s Exposure Determination is as follows:

Job Classifications which **will** have occupational exposure:

- Athletics Dept Trainers
- Student Health Care Providers

Job Classifications which **may** have occupational exposure:

- Facilities Personnel
- Security Personnel
- Housekeeping Personnel (Contractors)

Tasks and Procedures that result in Occupational Exposure:

- First Aid Treatment
- Sick assists
- Injections
- Housekeeping of contaminated area
- Maintenance activities of contaminated equipment
B. Schedule and Method of Implementation

1. Schedule

The contents of this revised plan are effective immediately

2. Universal Precautions

All materials such as paper, gauze, bandages, sponges, gloves, etc, which may have come in contact with bodily fluids will be treated as infectious.

3. Engineering Controls

Handwashing facilities must be present in every area where infectious materials may be present. Hand washing shall be performed prior to and after the use of gloves and/or contact with exposed individual.

Sharps containers must be used for the disposal of all syringes, glassware (broken and intact), Petri dishes, pipettes, hard plastic which has the ability to shatter under pressure, and any other materials which may have become contaminated. Sharps containers should not be moved unless properly closed to prevent spillage.

Sharps containers must be inspected daily. All containers which are more than 2/3 full should be closed and checked for adequate labeling. Full containers will be removed, disposed of and replaced by an approved contractor. If removal and replacement has not been performed appropriately, the container should be closed and the supervisor or director of the department responsible for the room contacted immediately.

The removal of full sharps containers and red bag waste will be performed routinely. Full sharps containers and red bag waste will not remain in temporary storage for more than 7 days. Full containers of sharps must be placed in appropriate secondary containers prior to removal. These secondary containers must be closeable, leak proof and labeled. An appropriate secondary container is a labeled cardboard box lined with a red infectious waste bag.

4. Personal Protection Equipment
Personal protective equipment is available and provided at no cost to those employees that are covered by this plan. This equipment selected should not allow blood or other infectious materials to pass through. Employees are required to wear disposable, single-use gloves when they have the potential for direct skin contact with blood and infectious materials or mucous membranes, or when touching or handling contaminated items or surfaces. Gloves should be maintained for use at the Student Health Center, athletic training room and the Security office. Personal protection policies in each department should be adhered to.

5. Examples of Procedures and Required Protective Wear

Rubber gloves should be worn in all instances where contact with infectious blood or body fluids exists.

a. Athletic Trainer's Office

Gloves must be worn for applications such as aspiration of blisters, all injections, minor cuts and injuries and bloody noses.

b. Dispensary.

Gloves must be worn for all injections, aspirations, treatment of wounds and minor cuts and injuries.

c. Security

Gloves must be worn when handling sick assists with cuts, minor injuries and discharge of body fluids.

6. Housekeeping

Any and all spills of blood and body fluids should be cleaned as soon as possible. Personnel must wear gloves during this procedure. Any spills should be covered with a cloth and saturated with a 10% solution of sodium hypochlorite (bleach) or approved disinfectant. Let stand for five (5) minutes, then wipe up.

7. Laundry

All linen, clothing or clean up cloths that have been in contact with blood or body fluids shall be considered potentially infectious material and should be placed in a plastic bag and deposited in the red bio-hazard bags located at the following locations:

   University Dispensary at Sourin Residence Hall
   Athletic Trainers Office at the Recreation Complex.

Saint Joseph’s University Administrative Services   Bloodborne ECP  March 2007
Department of Health, Safety and Environmental Compliance   Page 6
Personnel removing these potentially infectious articles should wear gloves. Any clothing severely stained by blood or body fluids will be disposed of properly.

8. Compliance Monitoring

Compliance will be monitored through:

a) Problems identified by reports or complaints from students, faculty, staff, or union administrative staff.

b) Comments received during evaluation of education and training programs.

c) Monthly check by the Director of Health, Safety and Environmental Compliance

C. Hepatitis Vaccination and Post-Exposure Evaluation with Follow up

A. Vaccine

1. Saint Joseph's University will provide Hepatitis B vaccinations to employees who have job duties which have been determined to have occupational exposure, as determined by their supervisor. A record of these vaccinations will be maintained by the Human Resources Department (Appendix A). Vaccinations will be administered by an external medical facility approved by Human Resources.

2. Employees who decline Hepatitis B vaccinations must sign a waiver. If the declining employee wishes to be vaccinated at a later date, Saint Joseph's University will make the vaccine available (Appendix B).

B. Post-Exposure

1. When an employee incurs an exposure, it should be reported to their supervisor. Supervisors should report exposures to Human Resources for medical referrals and Workman Compensation claim determinations.

2. Any laboratory test will be performed at no cost to the employee. All medical records will be maintained by Human Resources for the duration of employment, plus 30 years, as prescribed by the standard.
D. Training

Any employee with occupational exposures will participate in a training program at the time of initial assignment to that job classification and annually thereafter. These records shall be maintained by the Department of Health, Safety and Environmental Compliance for a period of three (3) years. Training records should also be kept by each departmental director. Department supervision will be responsible for the attendance of their employees.
### Record of Vaccinations for Hepatitis B

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**Appendix B**
Vaccination Declination Form

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

Employee Signature__________________________
Date __________________

University Administrator's Signature __________________________
Date __________________