



**COLBY COLLEGE  
BLOODBORNE PATHOGEN  
EXPOSURE CONTROL  
PROGRAM (ECP)**

## REVISION HISTORY

This Exposure Control Program is reviewed annually and revised when necessary by EHS Director and Garrison Foster Health Center (GFHC) under the direction of the Colby College Medical Director. The current Program and reference documents can be viewed online at the Department of Environmental Health and Safety website:

<http://www.colby.edu/humanresources/environmental-health-and-safety/>

REVISION	DESCRIPTION OF CHANGE	REVISION EFFECTIVE DATE	REVISION COMPLETED BY: NAME / COMPANY	MANAGER APPROVAL / DATE
A	<ul style="list-style-type: none"> <li>Initial Program under the EHS Director</li> </ul>	3/2019	Wade Behnke / Colby College	Mark Crosby

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## 1.0 PURPOSE

- 1.1 The purpose of the Colby College Exposure Control Program (Program) is to identify employees at risk of occupational exposure to bloodborne pathogens (BBP) and implement control measures designed to decrease these risks of a bloodborne infection. The Program conforms to the requirements listed in OSHA Standard 1910.1030 Bloodborne Pathogens

## 2.0 SCOPE

- 2.1 All employees with a reasonably anticipated, routine exposure, to blood or other potentially infectious materials that may result from the performance of an employee's duties.

## 3.0 RESPONSIBILITIES

- 3.1 Environmental, Health, and Safety (EHS) Director
  - 3.1.1 Conduct annual review of the Program
  - 3.1.2 Define employee exposure classifications
  - 3.1.3 Conduct annually reviews of the controls and response protocols
  - 3.1.4 Conduct employee training of classified Facilities and Security employees
  - 3.1.5 Review and following up on employee BBP exposures
- 3.2 Medical Director Garrison Foster Health Center (GFHC)
  - 3.2.1 Conduct and review annual engineering and work practice controls for Health Center employees
  - 3.2.2 Conduct an annual Safer Sharps product review and complete Appendices A through D
  - 3.2.3 Complete annual personal protective equipment (PPE) review for GFHC employees
  - 3.2.4 Track GFHC sharps injuries on Appendix F in conjunction with the EHS Director
  - 3.2.5 Conduct or oversee GFHC employee BBP annual training
- 3.3 Supervisors of Employees with Routine Bloodborne Pathogen Exposure.
  - 3.3.1 Ensure that all employees are trained and equipped to comply with the requirements in this program
- 3.4 Category A and B Employees (defined below)
  - 3.4.1 Follow the requirements of this Program.
  - 3.4.2 Report any observed deficiencies in the Program to their supervisor.

## 4.0 EMPLOYEE CLASSIFICATIONS & EXPOSURE POTENTIAL

- 4.1 Employee potential for bloodborne pathogen exposure can be classified in one of the three following categories.

- CATEGORY A:** This classification includes employees whose duties involve the potential for routine exposure to blood and bloodborne pathogens.
- CATEGORY B:** This classification includes all employees who do not routinely have exposure to bloodborne pathogens but may, on occasion, perform tasks, which involve potential exposure.
- CATEGORY C:** This classification includes all employees who do not have any occupational exposure to bloodborne pathogens, primarily faculty, administrators and support staff not identified in Category A or B.

**4.2** The following chart lists the specific job classifications by department with an occupational exposure:

Department	Position	Category
Health Center	Medical Director/Physician	A
	Medical PA and NP	A
	Athletic Trainer	A
	Nurse	A
	Lab Coordinator	A
	Colby Emergency Response Student (volunteers)	A
	GFHC and Nelson Center Student Worker	B
Facilities	Custodian	B
Athletics & Physical Education	Equipment Manager	B
Security	Security Officer	B

- 4.3** Task and procedures that have occupational exposure to blood or other potentially infectious materials at the College include:
- Handling of contaminated sharps and venous access (GFHC).
  - Cleaning of surfaces contaminated with body fluids, instrument clean up, and disinfection (GFHC and Custodial).
  - Collection, handling and preparation of lab specimens/exposure of body fluids (GFHC).
  - Wound care/dressing changes/injections (GFHC).
  - Responding to emergency situations (GFHC and Security).
  - Handling of contaminated trash/handling biohazard waste (GFHC and Custodial).

## 5.0 PROGRAM REQUIREMENTS

### 5.1 Universal Precautions

- 5.1.1 Colby College uses the Universal Precautions approach to infection control. Specifically, all human blood and other potentially infectious body fluids will

be treated as though they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens.

- 5.1.2 Body fluids containing visible blood, semen, vaginal secretions, synovial fluid, cerebrospinal fluid, pleural fluid, peritoneal and pericardial fluid and amniotic fluid will also be assumed to be infectious.
- 5.1.3 Universal precautions does not apply to feces, nasal secretions, sputum, sweat, tears, urine, saliva (in most settings), breast milk and vomitus, unless visible blood is present.

## **5.2 Engineering and Work Practice Controls**

- 5.2.1 Colby College has instituted the following engineering controls and work practices to help minimize employee exposure to bloodborne pathogens. It is imperative that all employees utilize these techniques and observe these rules.
- 5.2.2 Hand Washing/Personal Hygiene: Hand washing is the single most important means of preventing the spread of infection. It is also an important measure to decrease occupational exposure to bloodborne pathogens. According to hand hygiene guidelines, when hands have no visible soil, they may be disinfected with either an alcohol-based hand rub (ABHR) or soap and water; however, when visible soiling is evident, soap and water must be used. Staff is encouraged to use ABHR when no soiling is present and hand hygiene guidelines recommend that all health care organizations make ABHR available for staff
- 5.2.3 Hand washing facilities have been provided for the employee's use in all exposure-prone areas of this facility. Where no sink is available, an antimicrobial product will be used as an intermediate measure, to be followed by washing with soap and water as soon as feasible. Hands are to be thoroughly washed with water and/or an antimicrobial solution under the following circumstances:
  - Before gloving (non-emergency)
  - After removing gloves
  - After each patient procedure
  - Before leaving the work area
  - Before eating or food preparation
  - After hands have touched a possibly contaminated surface
  - After touching any patient secretions, or any potentially infectious material
  - Before performing any invasive procedures
  - Before touching any immunosuppressed patient
  - After performing personal bodily functions
- 5.2.4 Effective hand washing means scrubbing with soap for at least 15 seconds on the palms, between the fingers, the back of the hands, and the wrist.

Scrubbing is followed by a thorough rinse with water and complete drying. If a paper towel is used for drying, it should be used to turn off the water.

- 5.2.5 Hand-to-Hand Transfer: Hand-to-hand transfer of contaminated sharps such as scalpels, hand pieces, picks, probes, and burrs is forbidden where other methods are available. Transfer contaminated items by placing the sharp(s) on a flat surface, then using a “pick-up” to retrieve the item when feasible.

### 5.3 Blood Spills or Other Potentially Infectious Material Response

- 5.3.1 Blood spills are of extreme concern for transmission of bloodborne pathogens. All employees who remove or disinfect a blood or bodily fluid spill must follow the following procedure:

- 1) Retrieve the spill kit/response equipment. Isolate the area where spill occurs – place hazard signs, cones or caution tape in front of spill or have another employee stay at spill to warn others.
- 2) Gloves and safety glasses must be worn for the cleaning of any body fluid spills. Vinyl aprons and face shields are available for use if splashing is likely.
- 3) For small body fluid spills in rooms, corridors, etc., visible material should be removed and the area disinfected with a College approved disinfectant (Morning Mist) or a solution of bleach (1:10) dilution.
- 4) For large body fluid spills in the non-patient care areas, the contaminated area should be completely covered with paper towels and flooded with one of the above cleaning agents. Allow appropriate contact time according to manufacturer’s guidelines or if bleach is used a minimum of ten minutes. Remove soiled paper towels and dispose of in a red bag for incineration. Wet mop area with a disinfecting solution.
- 5) Large body fluid spills in patient care areas: spills should be wiped up as soon as possible with paper towels, and the towels discarded in a red bag for incineration. Final cleanup of the area should include disinfection of the contaminated surfaces using a solution of bleach (1:10), or hospital approved disinfectant providing for a contact time of at least 10 minutes or per manufacturer’s guidelines to complete the disinfection process.
- 6) For body fluids containing glass: glass is removed by sweeping with a counter brush and dustpan. Body fluid is then removed following proper procedure as stated in this policy. Equipment used to clean a body fluid is then disinfected using a solution of bleach (1:10), or a hospital grade disinfectant according to manufacturer’s guidelines. Dispose of glass in designated sharps container.

- 7) For spills on carpeted areas, proceed utilizing the standard cleaning process. Where possible, contact Facilities for mechanical rinsing with appropriate carpet cleaning equipment.
- 8) Remove and dispose of disposable protective equipment and clean and disinfect non-disposable items. Wash hands with soap and running water.

#### **5.4 Biohazardous Communication**

- 5.4.1 Biohazard labels and signs are used by Colby College to communicate hazards to employees. The biohazard label or sign includes the universal biohazard symbol and the word "BIOHAZARD" clearly marked. They are either an integral part of the container or located as close to the hazard as possible.
- 5.4.2 Labels shall be affixed to:
  - Containers of regulated waste.
  - Refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious material except for:
    - Red/orange bags or red containers
    - Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal.
    - Regulated waste that has been decontaminated.
- 5.4.3 Signs shall be posted at the entrance of work areas where the potential exists for biohazard exposure. Signs shall be official biohazard signs with letters and symbols clearly marked.

## **6.0 GFHC SPECIFIC CONTROL REQUIREMENTS**

- 6.1 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are strictly prohibited in GFHC treatment areas, sterilization areas, and laboratory areas or waste storage areas.
- 6.2 Food, drink and cosmetics shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benches where blood or their potentially infectious materials are stored or handled.
- 6.3 Mouth pipetting or suctioning of blood or other potentially infectious materials is strictly prohibited.
- 6.4 All procedures involving blood or other potential infectious materials shall be performed in such a manner as to minimize splashing.
- 6.5 Many commercial control sera may contain Hepatitis antigen. These sera should be considered a source of possible Hepatitis and treated with the same degree of caution as a patient's specimen.



- 6.6** To minimize aerosols produced by removing the stoppers from a tube of blood, cover the stopper first with gauze or tissue to minimize the risk.
- 6.7** All specimens shall be covered, capped, corked or plugged, except while being collected or in the process of separation, pouring or analysis.
- 6.8** Pipetting of specimens and control sera shall be done using a rubber bulb or other safety device (but not a mouth piece).
- 6.9** Tubes to be centrifuged should be covered. Centrifuges shall be decontaminated as needed; bench tops (countertops) are decontaminated daily and as needed.
- 6.10** Specimens sent to an outside laboratory shall be sealed and bagged for transportation and labeled as per instructions given by the laboratory.
- 6.11** Equipment to be Serviced or Repaired: Contaminated instruments or equipment must be decontaminated prior to servicing or shipment. If these are unable to decontaminate, proper labeling and notification is required.
- 6.12** Laundry management
- 6.12.1 Contaminated laundry is defined as any laundry that may contain blood or other potential infectious material. GFHC utilizes an in-office washer and dryer. Contaminated laundry items will not be sorted or rinsed prior to placement in the washing machine and will be laundered following GFHC Laundry Policy.
- 6.13** GFHC collects biohazardous waste generated in the health center and prepares it for transportation and incineration.
- 6.14** For further information concerning management of waste, please refer to the Policies and Procedures for the Disposal of Biologically Contaminated Materials, located in the GFHC Policy and Procedure Manual and in the Laboratory Manual.
- 6.15** The GFHC Policies and Procedures for the Disposal of Biologically Contaminated Materials outline the procedures to be followed when handling contaminated sharps
- 6.15.1 Protocol for waste handling at GFHC is as follows:
- Regulated waste must be handled using personal protective equipment.
  - Any container used to transport the waste will be marked with a biohazard symbol. Containers to handle waste must be closeable, leak proof on the sides and bottom, puncture resistant, and appropriately labeled. If outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage as described above.
  - Containers for disposal of sharps shall be readily available and accessible in areas of use. They shall be maintained in an upright position and must be properly disposed of when contents reach the fill line. Overfilling a sharps container is a violation of safety practices. All containers shall be securely closed once the safety feature(s) has been activated prior to disposal.

- When removing containers of contaminated sharps from the area of use, the container(s) shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - All regulated waste shall be bagged in sealed red bags.
- 6.16** Procedure review: Procedures involving exposures at GFHC will be reviewed at least annually to determine if any new engineering controls are available to reduce the risk of contamination or if a modified technique would minimize or eliminate exposure.
- 6.17** Equipment review: GFHC will conduct annual evaluations of safer sharp options and safety devices that may reduce BBP exposure and document the review on Appendices A through D.

**7.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- 7.1** PPE is used to decrease occupational risk to bloodborne pathogens by preventing blood or other potentially infectious material from passing through or contacting the employees’ work clothes, street clothes, or undergarments, or to the skin, eye, mouth, or other mucous membranes. PPE is not 100% effective and is considered the last line of protection for the employee.
- 7.2** Colby College maintain an inventory of personal protective equipment provided to employees at no cost.
- 7.3** All employees shall be trained in the use of PPE before being exposed to BBP at Colby.
- 7.4** All protective equipment must be removed prior to leaving the work area and discarded properly. It must be replaced when damaged or contaminated.

**Chart 1:** The following chart represents procedures with the potential for bloodborne pathogen exposure and the required PPE to reduce the risk of exposure. Selection of Appropriate PPE listed below are the minimum requirements recommended during controlled situations to protect the employee from potentially infectious agents. This list is not all-inclusive, and so judgment is required on the part of the employee to assess the need for additional barrier protection in less-controlled situations.

Procedure	Gloves	Eye Protection	Gown/Lab coat or Apron	Face Mask
<b><u>Housekeeping</u></b>				
Changing visibly soiled beds	X	X	X	
Clean-up of:				
Spills of blood/body subs	X	X	X	**

Surfaces contaminated by blood/body substances	X	X	X	**
Blood-soaked laundry	X	X	**	
<b><u>Laboratory</u></b>				
Hemocult	X		X	
Lab send-out prep (bagging, etc)	X		X	
Reprocessing contaminated devices/sterilizations	X	X	X	X
Specimen separation,	X		X	**
Strep A, HCG test, Chlamydia test, Flu test	X		X	
Mono test, Hgb, ESR, KOH/Wet Prep, HIV	X		X	
UA, UA-mico, UA-culture, Urine pregnancy	X		X	
Venous or capillary punctures	X		X	
<b><u>Medical/Nursing Procedures</u></b>				
Bleeding, pressure application to control	X	X	X	**
Breathing treatment	X			
Dressing change for wounds	X	X	X	
Irrigation - wound	X	X	X	**
Pap	X	X	X	
Sutures	X	X	X	
Surgical procedures, minor	X	X	X	
Skin scrapings	X	X	X	
Wound packing	X		X	

\*\* The PPE type is recommended

**7.5** Disposable nitrile or vinyl gloves are required to be worn for all procedures with any potential for exposure. Despite the additional protection provided by gloves, they gloves are not puncture-resistant, nor are they 100% protective against infectious agents.

7.5.1 Proper work practices for using gloves include:

- Replacing gloves as soon as practical when contaminated (at a minimum, after each patient).
- Replacing torn or punctured gloves as soon as feasible.
- Removing gloves prior to leaving the treatment area (GFHC).
- Removing gloves prior to answering the telephone (GFHC).
- Discard grossly contaminated gloves into the biohazardous waste container located in each of the treatment rooms (GFHC).  
Uncontaminated gloves may be managed as regular solid waste (trash).

- Employees shall wash their hands with soap and running water or use alcohol based hand rub immediately after removing their gloves. Hand sanitizer may be used as an intermediate measure but not in place of hand washing.
- 7.5.2 GFHC employees are instructed to use gloves under the following conditions:
- If the skin of the employee is cut, abraded, or chapped.
  - During exam of the mouth, oropharynx, GI tract, or genitourinary tract.
  - When examining abraded or non-intact skin or patients with active bleeding.
  - During invasive procedures
  - During decontaminating procedures
  - When performing phlebotomy, processing and/or testing blood or other potentially infectious specimens
  - During all surgical or dental procedures
- 7.6 Eyewear:**
- 7.6.1 Protective eyewear is required when the procedure presents a danger of splashing or if a manufacturer recommends that goggles be worn when using their chemical product.
- 7.6.2 Protective eyewear includes safety glasses, goggles and face shields.
- 7.7** Gowns, aprons, lab coats, are worn to protect street wear and the arm and neck areas from contamination. They may be worn until or unless they become soiled, damaged, or wet, at which time they must immediately be removed and replaced. At GFHC, lab coats are available in all patient care areas, fluid-impervious gowns or aprons, and shoe protectors are located in the spill kit in the GFHC lab.
- 7.8** If street clothing becomes contaminated while on duty, the College shall replace or launder this clothing free of charge to the employee. The employee shall then be given a College-issued uniform to wear in the interim.
- 7.9** To protect employees from bloodborne exposure to the mouth, surgical masks and N95 respirators are recommended when splashing is possible.
- 7.10** Resuscitation Equipment: In the event that CPR must be performed on the patient, the employee shall use a mechanical device designed to protect the employee from bodily fluid exposure. These devices are located in CER and Athletic Trainer bags, Security vehicles, and in the GFHC.

## **8.0 HEPATITIS B VACCINATION POLICY**

- 8.1** Colby provides the Hepatitis B (HBV) Vaccine free of charge to all category A and B employees. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the 3 shot series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. Colby does not offer the vaccine to new employees who have previously received the vaccine series. All employees who are eligible for the vaccine

are trained on the provisions of this standard and are offered the vaccine within ten (10) days of employment. If eligible employees decline the vaccination, a declination form must be signed and kept on file at Workplace Health.

- 8.2** Arrangements will be made with Maine General's Workplace Health to administrate the vaccine and review eligibility.
- 8.2.1 Administration of the vaccine for new employees will be coordinated by the Human resources recruiters as part of the new employee's fitness for duty evaluation physical.
- 8.2.2 Current employees who previously declined the HBV vaccination can have the vaccine administered at any time by contacting the EHS Director who will set up an appointment at Maine General's Workplace Health.
- 8.3** Work Place Health Services will screen each employee to determine if there are any medical contraindications including.
- A history of a serious reaction (e.g. anaphylaxis) after a previous dose of Hepatitis B vaccine or a Hepatitis B vaccine component. For a list of vaccine components, go to: <http://www.cdc.gov/nip/home-hcp.htm>.
  - A moderate or severe acute illness with or without fever. Delay vaccine symptoms subside.
  - Already received two documented series of three Hepatitis B vaccinations.
- 8.4** Workplace Health Services will provide the individual with a copy of the most current federal Vaccine Information Statement (VIS) and Hepatitis B informed Consent and any answer questions the individual may have.
- 8.5** Each individual offered the vaccine must sign a Hepatitis B informed Consent provided by Maine General Workplace Health.
- 8.6** New Category A employees may decline the immunization, in which case they will be required to sign the approved declination form. If the employee initially declines the Hepatitis B vaccination but later decides to accept the vaccination while still employed by this facility, it will be provided under the same condition per Section 8.2.2.
- 8.7** Maine General's Workplace Health Services will maintain the documentation of the Hepatitis immunization. It will include the employee's name and Social Security number, the dates of immunization administration, and a titer or the signed declination.

## **9.0 EXPOSURE INCIDENT**

- 9.1** The following steps are to be taken in response to an employee exposure incident as defined in Section 12.12 :
1. Employee will be administered first aid. Employee should first clean the area. If the exposure is to the face, splash with copious amount of clean water. If the exposure is elsewhere, clean it with soap and water.
  2. Each incident is to be reported to the Supervisor immediately and Colby College's Environmental, Health and Safety (EHS) Director. Following a report of

an exposure incident, Colby will immediately make available, a confidential medical evaluation and follow-up to be conducted at Maine General' Workplace Health.

3. If the source of the exposure can be identified and consents, the source should also go to Workplace Health or Emergency Department along with the exposed employee. INFORMATION CONCERNING THE SOURCE INDIVIDUAL'S HIV, HBV, OR HCV STATUS MUST BE TREATED AS CONFIDENTIAL. THIS OBLIGATION EXTENDS TO ANY EMPLOYEE TO WHOM THE INFORMATION IS DISCLOSED.
4. The supervisor and the employee will complete the Incident/Accident Report and Exposure Incident Report (See Appendix E) as soon as possible after the exposure incident. If indicated, the employee will receive further training to correct any problems detected. The incident report shall be forwarded to the EHS Director.
5. Workplace Health performs a confidential post exposure medical follow-up after each exposure incident.
6. Employee is provided with a verbal and/or written post-exposure evaluation opinion within fifteen (15) days after the completion of the evaluation. This documentation will include the results of the medical evaluation and any medical conditions, which may arise from the exposure that may require further treatment.
7. A copy of this report will be kept by Workplace Health.
8. Members of GFHC will document all health center needle stick and other GFHC exposure incidents that result in medical treatment on Appendix E, Colby College Bloodborne Pathogen Exposure Control Program Exposure Incident Report Form. A copy of the form shall be sent to the EHS Director.

## 10.0 EMPLOYEE TRAINING

- 10.1** All employees who have a routine risk of occupational exposure to blood or other potentially infectious materials must participate in a training program
- 10.2** All GFHC employees will be trained by the Medical Director or their designee.
- 10.3** All other Department employees will be trained by the EHS Director.
- 10.4** BBP training will be completed as follows:
  - At the time of initial assignment tasks with risk for occupational exposure.
  - At least annually thereafter (category A only).
  - When changes, such as modifications of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. Additional training may be limited to the new exposures.
- 10.5** BBP training shall include the following:
  - A general explanation of the epidemiology and symptoms of the bloodborne pathogens.
  - An explanation of the modes of transmission of bloodborne pathogens.

- An explanation of the exposure control Program and the means by which the employee can obtain a copy of the written Program.
- An explanation of the appropriate methods of recognizing risks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering control, work practices, and personal protective equipment.
- Information of the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate action to take and the person to contact in an emergency involving blood or other potentially infectious materials.
- 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.
- Information on the post exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color-coding used to identify hazards.
- An opportunity for interactive questions and answers with the person conducting the training.

## **11.0 RECORDS**

- 11.1** The Program will be available to all employees by contacting the EHS Director.
- 11.2** A hard copy will be provided to any employee within 15 days of the employee's request. Employees are encouraged to discuss any concerns with their supervisor or the EHS Director.
- 11.3** Workplace Health will establish and maintain an accurate record for each employee with occupational exposure. This record shall include:
  - 11.3.1** The name and Social Security number of the employee.
  - 11.3.2** A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination.
  - 11.3.3** A copy of the information provided to the healthcare professional regarding the employee's duties as they relate to the exposure incident and documentation of the routes of exposure and circumstances under which exposure occurred.
- 11.4** Training records will be retained by the EHS Director or Medical Director depending on who conducted the training.

## 12.0 DEFINITIONS

- 12.1** Alcohol-Based Hand Rub (ABHR): Waterless hygiene agent generally containing >60% alcohol, used for hand washing in lieu of soap and water.
- 12.2** Blood: Human blood and blood components and products made from blood.
- 12.3** Bloodborne Pathogens (BBP): Microorganisms present in human blood, which may cause disease in humans.
- 12.4** Clinical Laboratory: A work place where diagnostic and screening procedures are performed on blood or other potentially infectious material.
- 12.5** Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 12.6** Contaminated Laundry: Laundry, which has been soiled by blood or other potentially infectious materials or may contain sharps.
- 12.7** Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to needles, broken glass, and capillary tubes.
- 12.8** Decontamination: Physical or chemical means of removing or inactivating blood-borne pathogens to the point where they are considered safe for handling, use or disposal.
- 12.9** Engineering Controls: e.g., sharp containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps injury protections and needleless systems that isolate or remove blood-borne pathogen hazards from the work place.
- 12.10** Exposure Control Program: A written established Program designed to eliminate or minimize employee exposure to bloodborne pathogens. The program is available to any employee upon request, and will be reviewed/revised annually.
- 12.11** Exposure Determination: List of all job classifications, which have occupational exposure.
- 12.12** Exposure Incident: Specific eye, mouth, other mucus membrane, non intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 12.13** HBV = Hepatitis B Virus
- 12.14** HCV = Hepatitis C Virus
- 12.15** HIV = Human Immunodeficiency Virus
- 12.16** Needleless Systems: 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.
- 12.17** Occupational Exposure: Reasonably anticipated skin, eye and mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's routine duties.



- 12.18** Parenteral Exposure: Piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.
- 12.19** Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered as protective equipment.
- 12.20** 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 dry blood or other potentially infectious materials and are capable of releasing these materials during handling. Contaminated sharps; pathological and microbiological wastes containing blood or other potentially infectious materials.
- 12.21** 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.
- 12.22** Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- 12.23** Sterilize: The use of physical or chemical procedure to destroy all microbial life including highly resistant endospores.
- 12.24** Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Appendix A

Colby College
Bloodborne Pathogens Exposure Control Program
Annual Safer Sharps Analysis

Facility: \_\_\_\_\_ Date/Year: \_\_\_\_\_

1. Review of sharps injury reports and device failure in our facility for the past year revealed that

- a. No injury reports occurred, no necessary action needed
b. Additional training is needed Y N (Circle one)

If yes, list employee(s) needing training.

\_\_\_\_\_
\_\_\_\_\_

- c. Some devices seem problematic Y N (Circle one)

If yes, list device that should be replaced.

\_\_\_\_\_
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Training was provided for the employee(s) listed above [ ] NA

on \_\_\_\_\_ by \_\_\_\_\_ Type of training used \_\_\_\_\_
Date Trainer

on \_\_\_\_\_ by \_\_\_\_\_ Type of training used \_\_\_\_\_
Date Trainer

on \_\_\_\_\_ by \_\_\_\_\_ Type of training used \_\_\_\_\_
Date Trainer

3. Improved devices have been evaluated to replace the above listed devices.

Table with 2 columns: Problematic Devices, Selected Replacements

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GFHC Medical Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EHS Director

Keep original on file at the GFHC. Forward a copy to the EHS Director.

Appendix B

Colby College
Bloodborne Pathogen Exposure Control Program
Safe Sharps Evaluation

Device:\_\_\_\_\_ Evaluator:\_\_\_\_\_

Safety Feature:\_\_\_\_\_ Comments:\_\_\_\_\_

Intended Use:\_\_\_\_\_

Date Evaluated:\_\_\_\_\_ Acceptable ( )Yes ( ) No

Evaluation (circle one):

- 1. Allows/requires employees' hands to stay behind the sharp after use. ( ) Yes ( ) No
2. Safety feature an integral part of the device, present before the device was contaminated. ( ) Yes ( ) No
3. Safety feature stays in place throughout the waste stream. ( ) Yes ( ) No
4. Easy to use with little instruction. ( ) Yes ( ) No
5. Interferes with patient care. ( ) Yes ( ) No
6. Safety feature activated with a one-handed technique. ( ) Yes ( ) No

Device:\_\_\_\_\_ Evaluator:\_\_\_\_\_

Safety Feature:\_\_\_\_\_ Comments:\_\_\_\_\_

Intended Use:\_\_\_\_\_

Date Evaluated:\_\_\_\_\_ Acceptable ( )Yes ( ) No

Evaluation (circle one):

- 1. Allows/requires employees' hands to stay behind the sharp after use. ( ) Yes ( ) No
2. Safety feature an integral part of the device, present before the device was contaminated. ( ) Yes ( ) No
3. Safety feature stays in place throughout the waste stream. ( ) Yes ( ) No
4. Easy to use with little instruction. ( ) Yes ( ) No
5. Interferes with patient care. ( ) Yes ( ) No
6. Safety feature activated with a one-handed technique. ( ) Yes ( ) No

Device:\_\_\_\_\_ Evaluator:\_\_\_\_\_

Safety Feature:\_\_\_\_\_ Comments:\_\_\_\_\_

Intended Use:\_\_\_\_\_

Date Evaluated: \_\_\_\_\_

Acceptable ( ) Yes ( ) No

Evaluation (circle one):

1. Allows/requires employees' hands to stay behind the sharp after use. ( ) Yes ( ) No
2. Safety feature an integral part of the device, present before the device was contaminated. ( ) Yes ( ) No
3. Safety feature stays in place throughout the waste stream. ( ) Yes ( ) No
4. Easy to use with little instruction. ( ) Yes ( ) No
5. Interferes with patient care. ( ) Yes ( ) No
6. Safety feature activated with a one-handed technique. ( ) Yes ( ) No

**Keep original on file in your department. Forward a copy to the EHS Director.**

Appendix C

Colby College  
Bloodborne Pathogen Exposure Control Program  
Safety Device Product Evaluation Sheet

Product:                      Sharps                      Personal Protective Equipment (PPE)  
   Masks/Shields                      Other (specify)\_\_\_\_\_

Device: \_\_\_\_\_

Duration of Trial: \_\_\_\_\_ to \_\_\_\_\_  
   Date                                      Date

Outcome Recommendations: (Yes / No, Reasons, Attach Product Summary Information Sheets)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If implemented, brief outline of training provided (Attach training attendance sheet):

\_\_\_\_\_  
\_\_\_\_\_

Training Date(s): \_\_\_\_\_

Trainer/Coordinator: \_\_\_\_\_

Date Implemented: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**Keep original on file in your department. Forward a copy to the EHS Director.**

**Appendix D**

**Colby College  
Bloodborne Pathogens Exposure Control Program  
Selected Safer Sharps List**

Based on worker evaluations, we have selected the following safer devices for use at Colby College. If these devices are temporarily unavailable due to manufacturing problems, we will find a comparable alternative until our primary choice becomes available. This list will be reviewed annually and revised when different devices are chosen.

<i>Procedure</i>	<i>Device</i>	<i>Work Area</i>	<i>Date In Use</i>	<i>Date Out of Use</i>

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

**Keep original on file in your department. Forward a copy to the EHS Director.**

Appendix E

Colby College
Bloodborne Pathogens Exposure Control Program
Exposure Incident Report Form

Exposed Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Dept: \_\_\_\_\_

Duties as they relate to incident: \_\_\_\_\_

Date/time/location of incident: \_\_\_\_\_

Route of Exposure: [ ] Percutaneous injury [ ] Mucous membranes
[ ] Non-intact skin [ ] Bite that broke the skin

Procedure being performed: \_\_\_\_\_

Instrument being used: \_\_\_\_\_ Type: \_\_\_\_\_ Brand: \_\_\_\_\_

Type/amount of body fluid involved [ ] Blood [ ] Body Fluid
[ ] OPIM \_\_\_\_\_ (Specify)

Incident as described by exposed employee:
\_\_\_\_\_
\_\_\_\_\_

Was a safety device used? [ ] Yes [ ] No

If so, was the safety feature activated? [ ] Yes [ ] No

When did the injury occur relative to activation of protective mechanism?

[ ] Before [ ] During or [ ] After

If a safety device was not used, could a safety device have prevented the injury?
[ ] Yes [ ] No

If so, how?
\_\_\_\_\_
\_\_\_\_\_

Other controls used or not used at the time of the exposure (e.g. gloves, gown, etc.):
\_\_\_\_\_
\_\_\_\_\_

Could any of the following controls have prevented the injury? Describe how.

Engineering Control  \_\_\_\_\_

Administrative Control  \_\_\_\_\_

Work Practice Control  \_\_\_\_\_

If treated, location of follow-up:  Workplace Health Services – Waterville  
 Other (specify) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Exposed Employee

\_\_\_\_\_ Date: \_\_\_\_\_

Supervisor

\_\_\_\_\_ Date: \_\_\_\_\_

EHS Director

**Keep original on file in your department. Forward a copy to the EHS Director.**



**Appendix F**

**Colby College  
Bloodborne Pathogens Exposure Control Program  
OSHA Occupational Contaminated Sharps Injury Log**

Facility Name/Department: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Date</b>	<b>Case/ report #</b>	<b>Type of Device(e.g., Needle, syringe)</b>	<b>Brand Name of Device</b>	<b>Work area where injury occurred</b>	<b>Brief Description of how incident occurred</b>

Year Total \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

**Keep original on file in your department. Forward a copy to the EHS Director**