



Bloodborne Pathogens Exposure Control Plan

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Table of Contents

1.0	–	Purpose	2
2.0	–	Definitions	2
3.0	–	Responsibilities	4
4.0	–	Exposure Determination	5
5.0	–	Methods of Compliance	8
6.0	–	Regulated Waste	12
7.0	–	Laundry	13
8.0	–	Hepatitis B Vaccination and Post-Exposure Follow-Up	14
9.0	–	Labels and Signs	15

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

1.0 **PURPOSE**

The purpose of this program is to eliminate or minimize employee exposure to bloodborne pathogens and other potentially infectious materials. The requirements of this SOP apply to all Lafayette College employees whose duties may result in an "Occupational Exposure" as defined under the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030.

2.0 **DEFINITIONS**

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

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

Clinical Laboratory - means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated Laundry - means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination - means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls - means controls (e.g. sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident - means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Hand Washing Facilities - means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Needleless System – means a device that does not use needles for (1) the collection of bodily fluids or

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure - means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials -

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral - piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

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

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.

Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize - means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Universal Precautions - is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls - means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

3.0 **RESPONSIBILITIES**

- Public Safety/Environmental, Health and Safety
 - Review and update the College's Exposure Control Plan annually.
 - Evaluate the circumstances under which any exposure incident(s) occurred and make recommendations to eliminate future occurrences.
 - Maintain training records in accordance with OSHA's 29 CFR 1910.1030 (h)(2).
 - Isolate an individual with an infectious disease and secure the area.
 - Ensure that new hires and transfers who have an occupational exposure receive initial and annual training on bloodborne pathogens.
 - Ensure that new hires and transfers are offered the HBV vaccine within 10 working days of the starting date.
 - Assure that employees who decline to accept the Hepatitis B vaccine sign a declination statement.
- Supervisors
 - Familiarize yourself with this SOP and ensure that proper exposure control procedures are followed.
 - Work directly with Environmental, Health and Safety to maintain and update this SOP as necessary. This may be required when jobs are revised or new functional positions are established.
 - Ensure that the follow-up checklist and procedures are conducted following an exposure incident.
- Director of Health Services
 - Follow the guidelines in this SOP.
 - Maintain medical records in accordance with OSHA's 29 CFR 1910.20.
 - Solicit input from staff responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and document the solicitation in Appendix A.
 - Maintain a sharps injury log (Appendix A).
- Occupationally Exposed Employee
 - Follow universal precautions, work practice controls and the guidelines set for personal protective equipment, housekeeping, waste disposal and contaminated laundry.
 - Know the tasks that have an occupational exposure.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

- Participate in the annual training.

4.0 **EXPOSURE DETERMINATION**

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this at Lafayette College, we have prepared the following lists:

- Job classifications in which all employees have occupational exposure to bloodborne pathogens.
- Job classifications in which some employees have occupational exposure to bloodborne pathogens.
- Tasks and procedures in which occupational exposure to bloodborne pathogens occur (these tasks and procedures are performed by employees in the job classifications shown on the two previous lists).
- Public Safety will work with department heads to revise and update these lists as tasks, procedures, and classification change.

Job Classifications in Which All Employees Have Exposure to Bloodborne Pathogens

Listed below are the job classifications in our facility where all employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

	<u>JOB TITLE</u>	<u>DEPARTMENT</u>
1.	Director/College Physician	Health Services
2.	Assistant Physician	Health Services
3.	Staff Nurse (full/part-time)	Health Services
4.	Director/Supervisors/Officers	Public Safety
5.	Environmental, Health and Safety	Public Safety
6.	Trainer/Assistant Trainer	Athletics
7.	Coaches	Athletics
8.	Director/Assistants/Staff	Recreation Services

Job Classifications in Which Some Employees Have Exposure to Bloodborne Pathogens

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Listed below are the job classifications in our facility where some employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

	<u>JOB TITLES</u>	<u>DEPARTMENT</u>
1.	Custodian	Facilities Operations
2.	Plumbers/Mechanical Trades	Facilities Operations
3.	Psychology/Biology/Engineering	Academic
4.	Athletic Equipment Manager & Assistants	Athletics

Work Activities Involving Potential Exposure to Bloodborne Pathogens

Listed below are the tasks and procedures in our facility in which human blood and other potentially infectious materials are handled, which may result in exposure to bloodborne pathogens:

- Director/Health Services & College Physician
 - Minor Surgery (wound closure, removal of foreign body, drainage of infections, elective surgery)
 - Wound care and dressing, bleeding control (nose, wounds, etc.).
 - Laboratory tests involving blood, urine and other body fluids.
 - Injections (allergy, immunizations, medications, etc.).
 - Intravenous insertion, care, and removal.
 - Pelvic, genital and rectal examinations.
 - Clean up after any of the above tasks/procedures, vomitus, etc.
- Assistant Physician
 - Minor Surgery (wound closure, removal of foreign body, drainage of infections, elective surgery)
 - Wound care and dressing, bleeding control (nose, wounds, etc.).
 - Laboratory tests involving blood, urine and other body fluids.
 - Injections (allergy, immunizations, medications, etc.).
 - Intravenous insertion, care, and removal.
 - Pelvic, genital and rectal examinations.
 - Clean up after any of the above tasks/procedures, vomitus, etc.
- Staff Nurse
 - Assist during minor surgery (wound closure, removal of foreign body, drainage of infections, elective surgery, etc.).
 - Wound care and dressing, bleeding control (nose, wounds, etc.).

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

- Laboratory tests involving blood, urine and other body fluids.
 - Injections (allergy, immunizations, medications, etc.).
 - Intravenous insertion, care, and removal.
 - Assist during pelvic, genital and rectal examinations.
 - Clean up after any of the above tasks/procedures, vomitus, etc.
- Public Safety
 - Administering first aid and/or CPR.
 - Responding to an incident – any incident which may involve an “occupational exposure” (i.e., a fight, an accident, a person vomiting etc.).
 - Decontaminating evidence.
 - Isolating an individual with an infectious disease (e.g. Ebola) and securing the area.
- Athletic Trainer and Assistant Athletic Trainer
 - Minor Surgery (wound closure, removal of foreign body.
 - Wound care and dressing, bleeding control (nose, wounds, etc.).
 - Clean up after any of the above tasks/procedures, vomitus, etc..
 - Administering First Aid and/or CPR
- Custodians
 - Cleaning and Disinfecting Contaminated Areas
- Mechanical Trades
 - Cleaning sewage spills.
 - “Snaking” clogged drain lines.
 - Maintenance work on/around contaminated sinks and toilets
- Psychology/Biology/Engineering Staff
 - Biohazardous waste management
- Athletics/Equipment Manager & Assistants
 - Handling contaminated laundry.
- Coaches
 - Administering First Aid and/or CPR
- Recreation Services
 - Administering First Aid and/or CPR

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

5.0 Methods of Compliance

Lafayette College understands that there are a number of areas that must be addressed to eliminate or minimize exposure to bloodborne pathogens, such as:

- Universal Precautions
- Establishing Engineering Controls
- Implementing Work Practice Controls
- Using Personal Protective Equipment
- Implementing Housekeeping Procedures

Each of these areas is reviewed with our employees during their bloodborne pathogens related training (see the “Information and Training” section of this plan for additional information).

Universal Precautions

Universal precautions are used to prevent contact with blood and certain human body fluids which are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Engineering Controls

One of the key aspects to our Exposure Control plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, the College employs equipment such as sharps disposal containers.

The Bailey Health Center will solicit input from the “patient care” staff to identify, evaluate, and select effective engineering and work practice controls. As part of this effort, a facility survey was completed identifying three things:

- Areas where engineering controls are currently employed.
- Areas where engineering controls can be updated.
- Areas currently not employing engineering controls, but where engineering controls could be beneficial.

Each of these lists is re-examined during our annual Exposure Control Plan review and opportunities for new or improved engineering controls are identified. Any existing engineering controls are also reviewed for proper function and needed repair or replacement every three months, in conjunction with the department head where the equipment is located.

The following areas have or should have engineering control equipment to eliminate or minimize our employees’ exposure to bloodborne pathogens. If equipment is needed but not yet installed “None” is indicated in the “Control Equipment” column.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Department/Location	Control Equipment
Bailey Health Center/Examination Rooms	Sharps containers and red bags
Athletics/APK Training Room	Sharps containers and red bags
Public Safety/Vehicles	BBP spill kits, red bags and sharps containers

In addition to the engineering controls identified, the following engineering controls are used throughout our facility:

- Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic wipes).
- Biohazardous containers for unscrewing needles from the barrel when drawing blood.
- Containers for contaminated reusable sharps having the following characteristics:
 - Closable;
 - Puncture-resistant;
 - Color-coded or labeled with a biohazard warning label.
 - Leak-proof on the sides and bottom.
- Specimen containers which are:
 - Leak-proof.
 - Color-coded or labeled with a biohazard warning label.
 - Puncture-resistant, when necessary.
- Secondary containers which are:
 - Leak-proof.
 - Color-coded or labeled with a biohazard warning label.
 - Puncture-resistant, if necessary.

Work Practice Controls

Lafayette College has adopted the following work practice controls as part of our Bloodborne Pathogens compliance program:

- Employees shall wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. This shall be done immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- 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.
- Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed.
- Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination is not feasible. It must be properly labeled and information conveyed to all affected people so precautions can be taken.
- In the event of a large-scale sewage discharge initial cleanup by an outside restoration contractor shall be implemented prior to Facilities Operations staff initiating sewer/plumbing repair procedures.

Personal Protective Equipment (PPE)

When there is occupational exposure, appropriate personal protective equipment shall be worn. All PPE shall be removed prior to leaving the work area.

- Surgical gloves shall be worn when it can be reasonably anticipated that you may have hand contact with blood, other potentially infectious materials, and when handling or touching contaminated items or surfaces.
- Gloves shall be removed immediately and properly disposed of if blood or other potentially infectious materials have penetrated them.
- Gloves shall be replaced when torn, punctured, or when their ability to function as a barrier is compromised.
- Gloves shall not be washed or decontaminated for re-use.
- Pocket masks shall be used when administering Cardiopulmonary Resuscitation (CPR).
- Masks, Eye Protection, and Face Shields shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Gowns, Aprons, and Other Protective Body Clothing may be necessary in certain occupational exposure situations.

Housekeeping

Maintaining our facility in a clean and sanitary condition is an important part of our bloodborne pathogens compliance program. To facilitate this, we have set up a written schedule for cleaning and decontamination of the various areas of the facility. The schedule provides the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions.

Using this schedule, our custodial staff employs the following practices:

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

- All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant:
 - after completion of medical procedures;
 - immediately or as soon as feasible when surfaces are overtly contaminated;
 - after any spill of blood or other potentially infectious materials; and
 - at the end of the work shift if the surface may have become contaminated since the last cleaning.
- Protective coverings, such as plastic wrap, aluminum foil, or impervious-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible:
 - when they become overtly contaminated;
 - or at the end of the work-shift, if contaminated during the shift.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

The custodial supervisor is responsible for setting up our cleaning and decontamination schedule and making sure it is carried out within our facility.

Cleaning Schedule			
Area	Schedule	Cleaning Product	Special Instructions
Bailey Health Center/Examination Rooms	Daily	10% Bleach Solution or an EPA-registered disinfectant	
Athletic Training Rooms/Metzger & Kirby	Daily	10% Bleach Solution or an EPA-registered disinfectant	

6.0 Regulated Medical Waste

1. Contaminated Sharps Discarding and Containment

- a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 - closable;
 - puncture resistant;
 - leak-proof on sides and bottom;

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

- labeled or color-coded in accordance with paragraph (g),(1),(I) of 29 CFR 1910.1030.
 - b. During use, containers for contaminated sharps shall be:
 - easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
 - maintained upright throughout use; and
 - replaced routinely and not be allowed to overfill.
 - c. When moving containers of contaminated sharps from the area of use, the containers shall be:
 - closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - placed in a secondary container if leakage is possible. The second container shall be:
 - closable;
 - constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - labeled or color-coded according to paragraph (g),(1),(I) of 29 CFR 1910.1030.
 - d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.
2. Other regulated waste containment
- a. regulated waste shall be placed in containers which are:
 - closable;
 - constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - labeled or color-coded in accordance with paragraph (g),(1),(I) of 29 CFR 1910.1030.
 - closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - b. if outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
 - closable;
 - constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - labeled or color-coded in accordance with paragraph (g),(1),(I) of 29 CFR 1910.1030.
 - closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Bailey Health Center, Environmental, Health and Safety, and Biology are responsible for the collection and handling of the College's regulated medical waste.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

7.0 **Laundry**

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
 - a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
 - b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g),(1),(I) of 29 CFR 1910.1030.
 - c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent leakage.
2. Protective gloves and other appropriate personal protective equipment shall be worn when contacting contaminated laundry.

8.0 **Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up**

Lafayette College recognizes that even with good adherence to all of our exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program, as well as set up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

A. Vaccination Program

To protect our employees as much as possible from the possibility of Hepatitis B infection, our facility has implemented a vaccination program. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of two inoculations over a 30 day period. As part of their bloodborne pathogens training, our employees have received information regarding Hepatitis vaccination, including its safety and effectiveness.

The Public Safety EHS department is responsible for setting up and operating our vaccination program.

Employees who have declined to take part in the program are listed as well, and will sign the “Vaccination Declination Form” (a sample of which is found in Appendix C).

A. Post-Exposure Evaluation and Follow-up

If one of our employees is involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that we immediately focus our efforts on:

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

- Investigating the circumstances surrounding the exposure incident.
- Making sure that our employees receive medical consultation and treatment (if required) as expeditiously as possible.

The Department Supervisor or Manager investigates every exposure incident that occurs in his/her department. This investigation is initiated within 24 hours after the incident occurs and involves gathering information and completing an accident investigation report.

After this information is gathered it is evaluated, a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future.

In order to make sure that our employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, our facility has set up a comprehensive post-exposure evaluation and follow-up process. The following people oversee this process:

- Environmental, Health and Safety
- Director/Health Services & College Physician

We recognize that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the people involved.

1. Provide an exposed employee with the following confidential information:
 - Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
 - Identification of the source individual (unless infeasible or prohibited by law).
2. If possible, test the source individual's blood to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.
3. Collect and test the blood of the exposed employee for HBV and HIV status.
4. Arrange an appointment for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

B. Information provided to a qualified healthcare professional includes:

- A copy of the Bloodborne Pathogens regulation.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

C. Healthcare Professional

After the consultation, the healthcare professional will provide the exposed employee with a written opinion evaluating the exposed employee's situation.

- The employee shall receive a written opinion within 15 days of the completion of the evaluation.
- The opinion shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- The written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation; and
 - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

D. Medical Recordkeeping

The Director of Health Services and/or EHS maintains comprehensive medical records on our employees. The Director and EHS are responsible for setting up and maintaining these records to comply with OSHA's 29 CFR 1910.20 and which includes the following information:

- Name of the employee.
- Social security number of the employee.
- A copy of the employee's Hepatitis B Vaccination status.
- Dates of any vaccinations.
- Medical Records relative to the employee's ability to receive vaccination.
- Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens.
- A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, we recognize that it is important to keep the information in these medical records confidential. They will not disclose or report this information to anyone without our employee's written consent (except as required by law).

9.0 Labels and Signs

For our employees the most obvious warning of possible exposure to bloodborne pathogens are biohazard labels. Because of this, we have implemented a comprehensive biohazard warning labeling program in our facility using labels of the type shown on the following page, or when appropriate, using red "color-coded" containers.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Health Services is responsible for setting up and maintaining this program in our facility.

The following items in our facility are to be labeled:

- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport or ship blood and other infectious materials.
- Laundry bags and containers.
- Contaminated equipment.

On labels affixed to contaminated equipment we have also indicated which portions of the equipment are contaminated.

We recognize that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. However, the laboratories in our facility perform only clinical and diagnostic work, which is not covered by the special signage requirements.

A. Information and Training

Having well informed and educated employees is extremely important when attempting to eliminate or minimize our employees' exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment.

Department Heads are responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training. The following instructors will assist them:

- Director of Health Services
- Environmental, Health and Safety

B. Training Topics

The topics covered in our training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- Lafayette's Exposure Control Plan (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure to

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

blood and other potentially infectious materials.

- A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - Engineering controls.
 - Work practice controls.
 - Personal protective equipment.
- Selection and use of personal protective equipment including:
 - Types available.
 - Proper use.
 - Location within the facility.
 - Removal.
 - Handling.
 - Decontamination.
 - Disposal.
- Visual warnings of biohazards within our facility including labels, signs and “color-coded” containers.
- Information on the Hepatitis B Vaccine, including its:
 - Efficacy
 - Safety
 - Method of administration
 - Benefits of vaccination
 - Availability at no cost to exposed employees
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedure to follow if an exposure incident occurs, including incident reporting.
- Information on the post-exposure evaluation and follow-up, including medical consultation, which our facility will provide.

C. Training Methods

Lafayette’s training presentations make use of several training techniques including, but not limited to;

- Classroom type atmosphere with personal instruction.
- Videotape programs.
- Training manuals/employee handouts.
- Employee review sessions.

Because we feel that employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

D. Recordkeeping

To facilitate the training of our employees, as well as to document the training process, we maintain training records containing the following information:

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

- Dates of all training sessions.
- Contents/summary of the training sessions.
- Names and qualifications of the instructors.
- Names and job titles of employees attending the training sessions.

The College uses the forms in Appendix A to facilitate this recordkeeping.

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

APPENDIX A

Recordkeeping Forms



Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Post-Exposure Evaluation and Follow-Up Checklist

Name of Exposed Employee	Date
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The following steps must be taken by the Department Head/Manager/Supervisor, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

1. Contact Human Resources or Environmental, Health and Safety to complete a first report of injury.
 2. Human Resources or EHS will then arrange for the exposed employee to be seen by a physician through Lafayette's workers' compensation insurance.
 3. Identify the source individual.
 4. Investigate the injury by completing a "Supervisor's Accident Investigation Report" within three days of the injury. The intent of the investigation is to determine the root cause of the incident and implement practical solutions to help prevent recurrence.
-

Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Evaluation of Engineering Controls

Date	Name	Input for selection of engineering and work practice controls



Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

Sharps Injury Log

Date	Type of Device	Brand	Work Area of Exposure	Explanation of Incident



Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

APPENDIX B

Hepatitis B Vaccine Declination Form



Lafayette College Bloodborne Pathogens Exposure Control Plan

Department of Public Safety – Environmental, Health and Safety

Standard Operating Procedure (SOP) #12 – Revised April 2024

HEPATITIS B VACCINE DECLINATION FORM

Date: _____

Employee Name: _____

Department: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Environmental, Health and Safety

Date
