INTRODUCTION

This safety plan was prepared so that employees of Central Piedmont Community College (CPCC) are provided with a set of standards to assist them in preventing accidents and injuries to employees, students, and visitors.

The CPCC multi-campus safety program promotes safe work practices, safety awareness, and employee education through a combination of training, periodic inspections, and technical assistance.

CPCC is required to adhere to all regulations of the Occupational Safety and Health Act of 1970 (29 CFR PART 1900) as enforced by the Occupational Safety and Health Administration (OSHA). This act states, “Every employer will furnish each of their employees a place of employment free from recognized hazards,” and “shall comply with occupational safety and health standards.” CPCC makes every effort to comply with the OSHA Act, to eliminate all recognized hazards, and to protect all persons on our campuses.
I. INTRODUCTION

Why have exposure controls for bloodborne pathogens? The basic reason for an exposure control plan is to significantly reduce the risk of infection for employees exposed to blood or body fluids. The targeted diseases include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

A. RESOLUTION – CPCC BOARD OF TRUSTEES

That the College shall take all actions required to comply with the applicable standards set forth by the 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.

Adopted by CPCC board of trustees on November 11, 1992.

B. PURPOSE OF THE EXPOSURE CONTROL MANUAL

CPCC is committed to providing a safe and healthful environment for employees. This Exposure Control Manual has been prepared to minimize or eliminate employee exposure to blood or other potentially infectious material (OPIM). This document sets forth the Exposure Control Plan (ECP) of CPCC required by paragraph (c) of the Occupational Health Standard for Bloodborne Pathogens (29 CFR 1910.1031, “The Standard”) promulgated by OSHA, U.S. Department of Labor.

This ECP identifies the job classifications that have been determined to have potential exposure to blood and other potentially infectious materials at CPCC. This ECP 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 CPCC whose job classifications make them at risk for exposure to bloodborne pathogens are required to comply with this ECP 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 ECP established by that facility as well as the ECP 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 individual situation.

C. ENVIRONMENTAL HEALTH AND SAFETY EXECUTIVE DIRECTOR

The Executive Director of Environmental Health and Safety is responsible for implementing the ECP and ensuring compliance with it and the standard.

D. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

The ECP is available online at the College website for Environmental Health & Safety.

E. REVIEW OF THE EXPOSURE CONTROL PLAN

The ECP will be reviewed and updated 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 the plan shall also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and 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 safer devices.

F. 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), and Human Immunodeficiency Virus (HIV).

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

**Contaminated Sharps:** any contaminated object(s) that can penetrate the skin.

**Engineering Controls:** controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

1. the collection of bodily fluids or withdrawal of bodily 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: 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.

Other Potentially Infectious Materials:
1. The following 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 visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

2. An unfixed organ or tissue (other than intact skin) from a human.

3. HIV-containing cells or tissue cultures, organ cultures, and HIV- or HIV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

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) are not considered to be personal protective equipment.

Regulated Waste: 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 Protection: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Universal Precautions: 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, HCV, or other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.
II. EXPOSURE DETERMINATION

Division Directors, Program Chairs, Managers, or Supervisors shall be responsible for classifying tasks performed in their areas of responsibility according to exposure classifications, developing, and maintaining up-to-date, state-of-the-art policies for eliminating or reducing task-associated risks.

The Executive Director of Environmental Health and Safety 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 to Bloodborne Pathogens Category I, II, or III has been assigned to the position as it applies to each employee’s work location.

In situations where jobs of the same title entail substantially different categories of risk based on the assigned department, job titles will be modified to include the unit name thereby creating a newer, more specific description for that position.

For jobs that fall under Category II, a list of tasks or procedures, which present an occupational exposure to those employees, will be prepared. 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 on an annual basis by department managers for all job titles which they supervise or manage.

All managers and supervisors are responsible for monitoring employees’ job performance and for updating job descriptions/class activities 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.

Managers and supervisory personnel are also responsible for monitoring employees’ training status and their compliance with risk reducing Universal Precautions and specific risk-reducing policies. First-line supervisors shall be particularly attentive to recognize, act on, and prevent unsafe actions by anyone in their presence.

The Environmental Health and Safety Executive Director shall ensure that whenever a new position description is prepared, it is reviewed and classified for exposure risk classification prior to 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 that involve an increased risk of exposure.

A. EXPOSURE CLASSIFICATIONS – As determined by managers/supervisors at CPCC.

1. Category I Job Listing:

   These are jobs in which required tasks routinely involve a potential for mucous membrane or skin contact with blood, body fluids, tissue, or potential spills or splashes. These are jobs in which all employees have occupational exposure.

   - Cardiovascular Technology Clinical/Lab Instructor
   - Cytotechnology Clinical/Lab Instructor
   - Dental Assisting Clinical/Lab Instructor
   - Dental Hygiene Clinical/Lab Instructor
   - Dental Laboratory Facilitator
   - EMT Instructor
   - Medical Assisting Clinical/Lab Instructor
   - Medical Laboratory Clinical/Lab Instructor
   - Nurse Aide Clinical/Lab Instructor
   - Nursing, Associate Degree Clinical/Lab Instructor
   - Phlebotomy Facilitator/Instructor
   - Physical Therapist Assistant Clinical/Lab Instructor
   - Registered Nurse Refresher Clinical/Lab Instructor
   - Respiratory Therapy Clinical/Lab Instructor
   - Security Supervisor
   - Surgical Clinical/Lab Instructor

2. Category II Job Listing

   These are jobs in which required tasks normally do not involve exposure to blood, body fluids, or tissues, but may require performing unplanned exposure tasks such as administering initial emergency first aid involving shop, laboratory, or other workplace accidents.

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUPATIONAL EXPOSURE TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto Body Lab/Shop Instructor and Lab Facilitator</td>
<td>Supervising student use of power and hand tools such as chisels, grinders, hand drills, knives, paper cutters, razor blades, sanders, saws, screwdrivers, sheet metal cutters, slidehammers, wrenches, and removing broken</td>
</tr>
<tr>
<td>Instructor and Lab Facilitator</td>
<td>Possible Student Injuries</td>
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<tr>
<td>-------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Auto Service Lab/Shop</td>
<td>Supervising student use of power and hand tools such as chisels, hand drills, knives, pliers, power equipment, saws scratch awls, screwdrivers, test light probes, and wrenches.</td>
</tr>
<tr>
<td>Diesel Lab/Shop</td>
<td>Supervising student use of power and hand tools such as chisels, hand drills, knives, pliers, power equipment, saws scratch awls, screwdrivers, test light probes, and wrenches.</td>
</tr>
<tr>
<td>Electrical Lab/Shop</td>
<td>Supervising student use of power and hand tools such as chisels, conduit cutters, hacksaws, hand drills, knives, pliers, punches, screwdrivers, vices, wire cutters, and skin punctures from wires.</td>
</tr>
<tr>
<td>Machinist Lab/Shop</td>
<td>Supervising student use of conventional and CNC machining equipment.</td>
</tr>
<tr>
<td>Welding Lab/Shop</td>
<td>Supervising student use of chisels, drill presses, files, grinders, hacksaws, metal “iron worker,” pliers, screwdrivers, Sanders, sharp metal edges, shears, top drills, torches, vices, and wire cutters.</td>
</tr>
<tr>
<td>BLET Defensive Tactics Instructor</td>
<td>Student injuries such as abrasions, cuts, and lacerations.</td>
</tr>
<tr>
<td>BLET Firearms Training Instructor</td>
<td>Student injuries from gunshot mishaps.</td>
</tr>
<tr>
<td>BLET First Responder (CPR) Instructor</td>
<td>Accidental exchange of body fluids in demonstrations of CPR with students.</td>
</tr>
<tr>
<td>BLET Physical Fitness Instructor</td>
<td>Possible cuts, abrasions, lacerations from the obstacle course and bodily contact with students.</td>
</tr>
<tr>
<td>CPR and First Aid Instructor</td>
<td>Supervising student use of CPR demonstration equipment that may cause the exchange of body fluids.</td>
</tr>
<tr>
<td>Fire Protection Instructor</td>
<td>Possible student cuts and lacerations from broken glass and sharp metal objects.</td>
</tr>
</tbody>
</table>

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Accidents possible from working with construction equipment, electrical equipment, and power tools.

Officer Survival Training-Specialized Training Course Instructor Accidental injuries to students from training with firearms and other special police tactical training.

Special Response Team-Specialized Training Course Instructor Accidental injuries to students from training with firearms and other special police tactical training.

Unarmed Self-Defense Instructor Student injuries such as abrasions, cuts, and lacerations.

Biology Lab Instructor and Facilitator Supervising student use of sharp instruments, needles, glassware, etc.

Chemistry Lab Instructor and Facilitator Supervising student use of glassware, sharps instruments, etc.

Physics Lab Instructor and Facilitator Supervising student use of burners, hand tools, sharp wires etc.

Carpentry Instructor/Facilitator Supervising student use of chisels, hand saws, power saws, and other sharp tools and equipment.

Drama Workshop Instructor/Facilitator Supervising student use of power and hand tools such as knives, hand saws, radial arm saws, and table saws.

Graphic Arts Lab/Shop Instructor and Lab Facilitator Supervising student use of hand tools such as pliers, scissors, screwdrivers, and machinery such as printing presses. The program has electric and manual paper cutters.

Studio Art Instructor and Lab Facilitator Supervising student use of hand and power tools with sharp edges.

Food Service Instructor and Lab Facilitator Supervising student operation of choppers, glassware, knives, mixers, saws, and slicers.

Wait Staff Instructor Supervising student handling of glassware, knives, and mixers.

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Horticulture Instructor and Lab Facilitator  Supervising student use of power-driven equipment and tools.

Human Services Clinical Instructor  Supervising students in facilities where violent clients may cause injury.

Maintenance Worker I  Work on plumbing fixtures such as sinks and toilets, and medical equipment where blood or blood products may be present.

Maintenance Worker II  Work on plumbing fixtures such as sinks and toilets, and medical equipment where blood or blood products may be present.

Senior Maintenance Worker  Work on plumbing fixtures such as sinks and toilets, and medical equipment where blood or blood products may be present.

Maintenance Electrician I  Using hand and power tools and other equipment.

Maintenance Supervisor  Work on plumbing fixtures such as sinks and toilets, and medical equipment where blood or blood products may be present.

Procurement/Warehouse/Shipping and Receiving  Loading and unloading materials. Potential for accidents involving cuts or improperly packaged sharps.

3. Category III Job Listing

These are jobs in which required tasks involve no greater exposure to blood, body fluids, or tissue other than would be encountered by a visitor on any CPCC campus. This category includes all positions at CPCC not listed in Category I or II. These jobs have little or no risk of exposure. Employees in this category are not covered by the OSHA Standard.

III. RECORDKEEPING

A. RECORD CONTENT

1. The College will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens.
2. Each employee’s record should contain the following:

   The record will include the employee’s name and employee identification number.

   A copy of the employee’s Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form, and

   For the exposed employee, the Environmental Health and Safety Executive Director 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 readily available, and a copy of the healthcare professional’s written opinion. A log of injuries from contaminated sharps will be maintained to help in evaluating effectiveness of preventing needle stick injuries. The Program Coordinator is responsible for maintaining this log.

B. RECORD MAINTENANCE

1. An employee’s records shall be kept confidential and shall not be disclosed or reported without the individual employee’s written consent, except as required by federal, state, or local laws.

2. An employee’s records shall be maintained by the College for not less than thirty (30) years after the employee’s termination.

C. TRAINING RECORDS

Employee training records will include the following information related to specific education about bloodborne pathogens:

1. The dates of the training sessions.

2. The contents or a summary of the training session.

3. The name(s) and qualifications of the person(s) conducting the employee training.

4. The names and titles of all persons attending the training sessions.

5. The training records must be kept for five (5) years.

Training records will be kept in Environmental Health and Safety and shall be kept current by the Environmental Health and Safety Executive Director and/or designee.
The College shall ensure that all records required to be maintained by the OSHA Standard shall be made readily available upon request to federal and state officials for examination and copying.

Employee training records required by the OSHA Standard shall 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 1910.20.

The College shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20 (h).

If CPCC ceases to do business and there is no successor employer 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 Universal 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. UNIVERSAL PRECAUTIONS

1. Blood and body fluid precautions will be used consistently in a setting where the risk of blood exposure is present.

2. All identified employees will use barrier precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially infectious materials is anticipated.

3. 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. Disposable gloves will not be washed or decontaminated for reuse.

4. 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.

5. 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.

6. Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.

7. Hands or other skin surfaces will be washed immediately using a five-minute Betadine scrub if contaminated with blood or other body fluids. Hands will also be washed after removing protective gloves.

8. Safety precautions will be followed to prevent injuries caused by needles, scalpel blades, and other sharp instruments.

9. All sharps (e.g., needles, scalpels,) will be placed in properly labeled containers with the international biological hazard symbol and the wording “Biohazard.”

10. Identified employees with exudative lesions or weeping dermatitis will refrain from all direct patient care and from handling patient-care equipment and supplies until the condition resolves.

11. Pregnant employees will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

B. WORK PRACTICE CONTROLS

1. 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.

2. Food or beverages will be consumed only in a safe designated area. Food and drinks will not be kept on the countertops or benchtops where blood or other potentially infectious materials are present.

3. 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.

4. Employees will wash their hands or any other skin with Betadine 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.

5. Smoking is not permitted in any CPCC building.

6. The mucous membranes (eyes, nose, and 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 will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.

7. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

8. 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 that 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.

9. Specimens of blood or other potentially infectious materials will be placed in a designated regulated waste container. Biohazardous waste should be placed in closable containers.

10. 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.

11. 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. Equipment, or portions of equipment, which have not been decontaminated, require a warning label to be attached.

12. Sharps containers must be replaced when two-thirds full.

C. PERSONAL PROTECTIVE EQUIPMENT

All employees should have access to, become familiar with, and follow personal protective equipment policies established by Environmental Health and Safety, each of the College’s departments on each campus, and of 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 a potential for an occupational exposure. Personal protective equipment will include the following:

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1. Gloves, gowns, laboratory coats, face masks, face-shields or safety glasses, mouthpieces, resuscitation bags, pocket masks, or other ventilation equipment.

2. Personal protective equipment will be used for all occupational exposure situations; however, the employee may temporarily or briefly decline the use of equipment in the following scenario:
   
a. “Under rare and extraordinary circumstances, the employee uses his/her professional judgment that, in a specific instance, its use would have prevented delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the employee.”

b. In most instances, personal protective equipment will be provided at off-campus clinical sites by the participating facility for CPCC employees involved in patient care activities that may involve exposure. Types of equipment and its location will be determined by the facility’s ECP.

3. Situations in which personal protective equipment was temporarily or briefly declined will be investigated and documented to determine if changes can be instituted to prevent future occurrences.

4. Appropriate personal protective equipment in appropriate sizes will be readily accessible in each work area.

5. 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.

6. Non-latex gloves, glove liners, powderless gloves, and other similar alternatives will be readily accessible to employees who are allergic to gloves normally provided.

7. Cleaning, laundering, repair, replacement, or disposal of personal protective equipment will be provided at no cost to employee.

8. 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.

9. If a garment is penetrated by blood or other potentially infectious material, the garment must be removed immediately or as soon as feasible.

10. Personal protective equipment will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.
11. 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, torn, punctured, or exhibit other signs of deterioration.

12. Personal protective equipment for on-campus sites will be located in specific places as designated by individual departmental policies/procedures.

13. In the event that a personal garment is contaminated with a potentially infectious material, the College can provide temporary clothing until the contaminated garment can be properly laundered.

D. SHARPS

1. Only disposable sharps, self-sheathing needles, and safer medical devices engineered with sharps injury protection and/or needless systems will be used at the College.

2. Employees using these devices must annually evaluate and choose appropriate devices.

3. Sharps injury logs will be maintained within individual departments and Environmental Health and Safety.

4. 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) labeled with the international biological hazard symbol and the wording “Biohazard” or (2) red containers.

5. The sharps containers will be easily accessible to personnel and located as close as feasibly possible to the areas where sharps are used.

6. The sharps containers will be maintained upright throughout use, replaced routinely, and not be allowed to overfill.

7. 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.

8. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that will expose employees to the risk of a percutaneous injury.

9. 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.

10. Any type of reusable sharps will be properly sterilized or decontaminated after use as recommended by the CDC.

11. Contaminated reusable sharps will not be stored in a manner that requires employees to reach into the containers.

E. SPECIMENS

1. Specimens of blood, tissue, or other potentially infectious materials collected or transported at the College will be placed in containers that prevent leakage during collection, handling, processing, storage, transport, or shipping.

2. 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.

   **NOTE:** If Universal Precautions are utilized in the handling of all specimens, the labeling/color coding system is not necessary, provided the containers are recognizable as containing specimens.

3. 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.

4. If the specimen could puncture the primary container, the primary container will be placed within a secondary container that is puncture-resistant in addition to having the above characteristics.

5. Spills of infectious material will be handled using an appropriate spill kit.

F. LAUNDRY

1. Employees handling contaminated linen will wear protective gloves and other appropriate PPE to prevent exposure to blood or other potentially infectious materials during the handling and sorting of soiled linen and other fabric items.

2. Laundry that is contaminated with blood or other potentially-infectious materials or that may contain contaminated needles or sharps will be treated as if it were HBV/HIV/HCV infectious and handled as little as possible with a minimum amount of agitation.

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3. Contaminated laundry will be bagged at the location where it was used and will not be sorted or rinsed in patient areas.

4. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording “Biohazard.”

5. 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.

6. Red bags or red containers may be substituted for labels.

7. 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 that prevent the fluids from the exterior.

8. All contaminated laundry shipped off-site to another facility which does not utilize Universal Precautions must be labeled or color-coded as follows:
   a. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording “Biohazard.”
   b. 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.
   c. Red bags or red containers may be substituted for labels.

G. HOUSEKEEPING

Housekeeping is a contracted service at the College. The worksite 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.

1. All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

2. The process of decontamination will be conducted after completion of procedures; 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.

3. Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent will be removed at the end of the work shift or whenever they become overtly contaminated during the shift. In the Dental Clinic at the College, these barriers are removed and replaced after each patient.

4. Any bins, pails, cans or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.

5. Broken glassware must be handled with the aid of a mechanical device (i.e., brush and dustpan, tongs, or forceps).

6. When handling spills for blood, body fluids, or other potentially infectious material utilize the following procedures:
   i. Wear disposable gloves.
   ii. Absorb fluids with disposable towels.
   iii. Clean area of all visible fluids with detergent (soap/water).
   iv. Decontaminate area with a premixed 1:10 bleach solution or approved disinfectant.
   v. Place all disposable materials in plastic, leak-proof bag. Handle as regulated medical waste.
   vi. Always use Standard Precautions when handling blood or other potentially infectious material.

H. REGULATED WASTE

Regulated waste includes

1. Liquid or semi-liquid blood;

2. Other potentially-infectious materials that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed;

3. Items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling;

4. Pathological and microbiological wastes containing blood or other potentially-infectious materials; and

5. 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 Mecklenburg County medical biohazard waste regulations are more stringent, then the North Carolina and Mecklenburg County regulations will also be incorporated into the plan.

1. Specimens of blood or other potentially infectious materials will be placed in containers that prevent leakage during the collection, handling, processing, storage, transport, or shipping.

2. For disposal of regulated waste, the College shall provide containers that are
   a. Closable.
   b. Constructed to contain all contents and prevent leakage of fluids.
   c. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.

   The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.

3. 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.

4. The College shall place the containers for regulated waste in every appropriate laboratory and classroom.

5. 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.

I. 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 following symbol:

![BIOHAZARD](image)
J. BLOOD SPILLS

At the College, (except in special medical programs) employees and students are not to clean up another person’s blood. This task is assigned to the contracted cleaning service. In the event there is a blood spill after 2:00 p.m. and Housekeeping is unavailable, contact Security at (704) 330-6911 or 6632, Environmental Health and Safety at (704) 330-5492 or 6580, for spill cleanup procedures.

V. HEPATITIS AND HEPATITIS B VACCINE

A. INFORMATION ON HEPATITIS

1. Hepatitis is an 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 five to fifty percent (5-50%) become chronic carriers; one to two percent (1-2%) die 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 hepatoma (a form of liver cancer).

2. Hepatitis B virus can be transmitted by contact with body fluids including blood (along with contaminated needles), semen, tears, saliva, urine, breast milk, 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.

B. INFORMATION ON HEPATITIS B VACCINE

1. 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 seroprotected. Doses are administered at zero (0), one (1), and six (6) months. Per CDC guidelines a post vaccination screening (titer) will be completed one (1) to two (2) months after the last dose in the vaccination series.

2. Employees who have occupational exposure will be provided, at no cost, the Hepatitis B vaccine series and titer testing upon completion of series, as well as post-exposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.

3. 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 and/or CDC.

4. The healthcare professional responsible for the employee’s Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 Bloodborne Pathogens.

5. The Hepatitis B vaccination will be available to employees within ten (10) working days of initial assignment and after they have received training on the following subjects:

   a. Efficacy of the vaccine,
   b. Safety of the vaccine,
   c. Method of administration,
   d. Benefits associated with vaccination, and
   e. Acknowledgement of free vaccine and vaccination.

6. The Hepatitis B vaccine and any future booster(s) recommended by OSHA or 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 revealed the employee is immune or the vaccine is contraindicated for medical reasons.

7. A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination.

8. An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date.

9. Employees who decline to accept the Hepatitis B vaccination will be required to sign a declination statement.

10. 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 the College employs them. 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.

11. Employees who have already had the vaccine at another location must send or deliver a copy of their vaccination record to Environmental Health and Safety to be placed in the employee’s file.

VI. POST-EXPOSURE

A. WHAT TO DO IF YOU ARE EXPOSED
IMMEDIATELY TAKE THE FOLLOWING STEPS:

1. 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, other puncture wounds, or contamination of any body part with blood, scrub with Betadine® for five (5) minutes.

2. Immediately report the incident to the appropriate persons (e.g., supervisor, program director, or department head), Security, Environmental Health and Safety, and Human Resources.

3. 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.

4. If the source individual refuses to be tested or does not report for testing within a reasonable time, the source individual’s physician should be contacted; or if the physician is not known, contact the County Health Department Director. The Health Department Director will then take appropriate action.

5. Be sure to complete an Exposure Incident Report. Additional information should be obtained if the source individual is known.

6. You may contact your physician for evaluation, especially if there are any questions about what should be done with regards to the exposure incident, or if there is any previous history of liver disease. This evaluation will be done at no cost to the employee.

B. OTHER PROCEDURES

1. Immediately following a report of an exposure incident, the College shall make available to the exposed employee a confidential medical evaluation and follow-up. This shall be at no cost to the employee.

2. The College will give the exposed employee 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.

3. If known, the source individual’s blood will be tested for HBV and HIV as soon as feasible, within forty-eight (48) hours; however,
4. If the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

5. 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 or HIV, the results of the source individual’s blood tests will be given to the exposed employee.

6. 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.

7. If the source individual cannot be identified, the exposed employee’s blood will be tested for HBV and HIV infectivity as soon as feasible within forty-eight (48) hours and with consent.

8. 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.)

9. Regardless of the source person’s test results, the exposed employee will be tested for HBV, HCV, and HIV at six (6) weeks, twelve (12) weeks, and six (6) months after the exposure. The employee must give consent for retesting on each occasion.

10. Follow-up of the exposed employee will include counseling, medical evaluation of any 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.

11. 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:

   b. A description of the exposed employee’s duties as they relate to the exposure incident.
   c. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
   d. Results of the source individual’s HIV and HBV testing if available.
   e. All records relevant to the appropriate treatment of the employee, including his/her vaccination status.
12. 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 Environmental Health and Safety Executive Director and changes made as indicated.

13. 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.

VII. TRAINING

A. TRAINING REQUIREMENTS

1. Training will be provided for employees who are at risk for occupational exposure to blood or other potentially infectious materials and hazardous chemicals.

2. All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.

3. 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.

4. 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.

5. Annual training for all employees shall be provided within one (1) year of their previous training.

6. 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.

7. Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

B. CONTENT OF TRAINING SESSIONS
1. 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.

   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.

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n. An opportunity for interactive questions and answers with the person conducting the training session.
REQUIRED SUPPLEMENTAL DOCUMENTS

A. Bloodborne Pathogens Standard, CFR 1910.1030
B. Bloodborne Pathogens Standard Training Objectives
C. Bloodborne Pathogens Warning Sign
D. Employee Exposure Incident Form
E. Hepatitis B Vaccination Consent Form
F. Hepatitis B Vaccination Declination Form
G. Hepatitis B Verification of Previous Vaccination Form
H. Housekeeping Cleaning and Disinfecting Specifications
I. Non-Exposure Incident Form
J. Regulated Waste Safe Packaging and Handling Methods
K. Student Bloodborne Pathogens Protection
L. Student Exposure Incident Form