

**GRAMBLING STATE UNIVERSITY
GRAMBLING, LA 71245**

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

Revised January 27, 2022

GRAMBLING STATE UNIVERSITY

SUBJECT
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

EFFECTIVE DATE

I. PURPOSE

To comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

II. STATEMENT OF POLICY

This policy is established to protect employees from anticipated exposures to bloodborne pathogens including, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Employees includes part-time, temporary, probationary, and employed students, who may as part of their jobs come into contact with persons, unconditioned primate animals, or items which are infectious or potentially infectious for bloodborne pathogens on a daily or near daily basis

The exposure control plan is designed to minimize occupational exposure by identifying potentially exposed employees, routinely employing “Universal Precautions”, and instituting engineering and work practice controls. The plan explains to all employees, Grambling State University’s program for providing personal protective equipment and clothing, training, Hepatitis B vaccination, post exposure evaluation and follow-up, sign and label programs, and other provisions for those who may be exposed.

Training on the GSU Bloodborne Pathogens Exposure Control Plan is required for all employees upon employment and **every five (5) years afterwards**. Annual training is required for those employees who may be reasonably anticipated to come into contact with blood or other potentially infectious material. This group includes nurses, athletic trainers, police officers, custodians, facility repairman, plumbers, laborers, and laboratory assistants/technicians

Approved _____
Richard J. Gallot Jr., President

Date

TABLE OF CONTENTS

A. Purpose	4
B. Exposure Determination.....	4
C. Definitions	5
D. Applicability.....	6
E. Employees	6
F. Implementation Schedule and Methodology	7
1. Compliance Methods	7
2. Engineering Controls	7
G. Hand washing	7
1. Work Area Restrictions	7
2. Specimens.....	7
3. Contaminated Equipment	8
4. Personal Protective Equipment	8
5. Housekeeping	8
6. Hepatitis B Vaccine and Post Exposure Evaluation and Follow up	10
7. Labels and Signs.....	12
8. Information and Training	12
9. Record keeping	13
10. Evaluation and Review.....	13
11. Dates	13
APPENDIX.....	14

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: GRAMBLING STATE UNIVERSITY
Date of Preparation: August 14, 2001 (original)

Grambling State University recognizes its obligation to provide all employees with a safe workplace. This includes all employees that risk occupational exposure to human blood or other potentially infectious organisms.

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) promulgated a final rule entitled "Occupational Exposure to Bloodborne Pathogens" (see Appendix A). The purpose of this standard is to eliminate or minimize occupational exposure to the Hepatitis B virus (HBV), and other bloodborne pathogens. In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

A. Purpose

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030

B. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless frequency (see Appendix B).

Job classifications in which **all** university employees in the specific job classification have occupational exposure (considered high risk).

- Athletic Trainer
- Hazardous Waste Specialist
- Physicians
- Registered Nurses

Job classifications in which **some** university employees in the specific job classifications have occupational exposure (potential high risk):

- Custodial Personnel
- Facility Plumbers/Repairmen/Laborers/Grounds men
- Full/Associate/Assistant/Adjunct Professors
- Health/Safety Specialists
- Health Services Clinic Manager
- Laboratory Coordinators
- Police Officers
- Research Faculty Associates/Lab Assistants/Specialists/Technicians (in contact with bodily fluids)
- Student Workers
- Teaching Assistants

There is a broad range of workers potentially covered under the OSHA Bloodborne Pathogens Standard including custodian who must clean up blood spills, public safety officers who respond to injury incidents and clinicians process blood or internal body fluids. Those who may be called upon to deliver first aid as collateral part of their job duties are covered by the standard. Those who, as good samaritan, voluntarily deliver first aid during work hours are not covered under the Bloodborne Pathogens Standard but are covered by the Worker's Compensation Plan. **Clerical, administrative staff, non-science related faculty, and IT are considered Low risk employees. These employees do not perform any of the activities listed above.**

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious material, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. (See Appendix B)

C. Definitions

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

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

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

Contaminated Sharps-any contaminated object that is sharp or has the potential to be a sharp that can penetrate the skin including, but not limited to, needles, scalpels, broken glass broken capillary tubes, and exposed ends of dental wires.

Decontamination-the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on an item or surface 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.

HBV-Hepatitis B Virus infection is the major bloodborne occupational hazard to health care workers. Symptoms of the acute form of the disease may range from none to mild flu-like symptoms, or to more severe symptoms including jaundice, extreme fatigue, anorexia, nausea, and abdominal pain. Outcomes of acute forms of the infection may include hospitalization, weeks to months of work loss, and in severe cases, death.

There are several ways in which the virus can be transmitted. The most efficient and common means of occupational transmission is parenteral, or the direct inoculation of infectious material by piercing through the skin barrier. In the workplace this might occur as a result of needle stick or other accidental injury with a sharp, contaminated object which is capable of penetrating the skin. Direct inoculation is also possible when preexisting lesions on hands from other injuries or from dermatitis provide a route of entry for the virus to enter the body.

A second mode of transmission is for infected blood to contact mucous membranes of the eye, nose, or mouth. Therefore, splashes of blood or serum into an individual's unprotected eyes or mouth poses a risk of transmission of infection. Hepatitis B can also be transmitted sexually and prenatally (from infected mother to newborn infant). These modes of transfer indicate that occupational exposure to this pathogen can also have serious implications for the spouses, sexual partner, and families of infected individuals.

HIV-Human Immunodeficiency Virus affects the immune system, leading to a wide range of clinical disorder, including Aids, which usually lead to death of the HIV infected patient. HIV is known to be transmitted through blood, semen, vaginal secretions and breast milk. Documented modes of transmission includes:

- Engage in sexual intercourse with an infected person
- Using contaminated needles
- Having parenteral, mucous membrane or non-intact skin contact with HIV-infected blood, blood components or blood products
- Receiving transplants of HIV-infected organs or tissues
- Through blood transfusions
- Through semen used for artificial insemination
- Perinatal transmission

Exposure to HIV may occur through the physical contact described above with an infected individual or with specimens from infected individuals, from parenteral exposure (accidents involving a needle, scalpel, or other sharp instrument or object which has been contaminated with blood or body fluids from an HIV-infected individual), or by splashes of infected blood or other body fluids to the mucous membranes of the mouth, nose, or eyes.

HIV is not transmitted by casual contact such as: shaking hands, talking, sharing of food, eating utensils, plates, drinking glasses, or towels, sharing the same household facilities, hugging, or casual kissing on the cheek or lips.

Occupational Exposure-any reasonably anticipated skin, eye, mucous membrane, or parenteral contact (i.e. piercing through the skin or splashing of mucous membrane) with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OPIM-Other Potentially Infectious Material.

Other potentially Infectious Material (OPIM)-materials other than blood which pose a potential health risk, including:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, 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. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
3. 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;
4. Blood or body fluids of animals that have been intentionally or are suspected of having been exposed to human bloodborne pathogens in research, in production of biological, in the in vivo testing of pharmaceuticals, or other procedures.

PPE (Personal Protective Equipment). Specialized clothing or equipment worn by an employee for protection against a hazard.

Regulated Waste-liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious material in 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 body fluids that are visibly contaminated with blood.

D. Applicability

The Bloodborne Pathogens Exposure Control Plan applies to all employees of Grambling State University, including part-time, temporary, probationary, and employed students, who may as part of their jobs come into contact with persons, unconditioned primate animals, or items which are infectious or potential infectious for bloodborne pathogens on a daily or near daily basis.

Health care and laboratory employees whose work may involve the risk of exposure to blood or other potentially infectious materials may include, but are not limited to the following; custodians, guards, police officers, nurses, science laboratory user, nursery school worker, cafeteria worker and maintenance workers

E. Employees

Attend annual, required training sessions on controlling exposure to bloodborne pathogens in the workplace.

Comply with all elements of the Exposure Control Plan, which apply to work-related tasks and procedures with potential exposure, including the use of personal protective equipment and appropriate work practice controls.

Report all exposure incidents to the work supervisor or other responsible individual immediately, or as soon as feasible, after they occur.

F. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

1. Compliance Methods

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

(Engineering and work practice controls serve to reduce employee exposure in the work place by either removing the hazard or isolating the worker from exposure.) Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at Grambling State University. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

2. Engineering Controls

Engineering controls include all measures designed to reduce the potential for contact between worker and potentially infectious materials by either removing the hazard or isolating the worker from exposure. Examples of engineering controls include puncture resistant sharps containers, plexiglass splash shields, mechanical pipettes, self-sheathing needles, biological safety cabinets, and use of disposable barrier materials to cover and prevent contamination of environmental surfaces and equipment

Engineering control mechanisms shall be examined and maintained or replaced on regular schedule to ensure their effectiveness. Each department shall be responsible for evaluation and maintenance of engineering controls in their area and is the joint responsibility of the supervisor and the department head.

G. Hand washing

Hand washing facilities, which are readily accessible, shall be provided for employees.

When hand-washing facilities are not available, employees shall be provided with antiseptic towelettes or an antiseptic hand cleanser and clean cloth/paper towels. When these alternatives are used, employees shall wash their hands with soap and water as soon as feasible.

Hands and any other exposed skin surfaces must be washed with soap and running water and mucous membranes should be flushed with water as soon as possible after contact with blood or other potentially infectious material.

1. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious material, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter top or bench tops where blood or other potentially infectious materials are present.

2. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

Any specimens, which could puncture a primary container, will be placed within a secondary container, which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, of shipping of the specimen.

3. Contaminated Equipment

Equipment, which has become contaminated with blood or other potentially infectious material, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

4. Personal Protective Equipment

PPE Provision:

All personal protective equipment used at the institution will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

PPE Use:

The department head/director shall ensure that the employee use appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

PPE Accessibility:

The Vice Presidents of each area shall ensure that appropriate PPE (where applicable) in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Gloves:

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious material. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this university include but are not limited to maintenance worker, mechanics, custodians, and science laboratory users.

5. Housekeeping

Departments will ensure the work site is maintained in a clean and sanitary condition. The department will determine and implement an appropriate written schedule for cleaning and method of

decontamination based up the location with the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or 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 following the last cleaning.

Protective coverings, e.g., plastic wrap, aluminum foil, or imperviously-backed absorbent paper, used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become 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 will be inspected and decontaminated on a regular scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware, which may be contaminated, will not be picked up directly with the hands. The spill and/or debris will be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:

- Closable
- Puncture resistant
- Leakproof on sides and bottom
- Appropriately labeled or color-coded

During use, containers for contaminated sharps will be:

- Easily accessible to personnel and located as close as in feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g., laundries
- Maintained upright throughout use
- Replaced routinely and not be allowed to overfill

When moving containers of contaminated sharps from the area of use, the containers will be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
- Place in a secondary container if leakage is possible. The second container will be:
- Closable
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
- Appropriately labeled or color-coded

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

Regulated waste will be placed in containers which are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping

- Appropriately labeled or color-coded
- Closed immediately prior to removal or replacement to prevent spillage or protection of contents during handling, storage, transport, or shipping

If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping
- Appropriately labeled or color-coded
- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

Disposal of all regulated waste will be in accordance with applicable regulations of the United States, State of Louisiana, and local level.

Contaminated laundry will be handled as little as possible with minimum of agitation. Contaminated laundry will be bagged or containerized at the location of use. It will be placed and transported in bags containers appropriately labeled or color-coded. When a department utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color-coded is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.

The department will provide employees who have contact with contaminated laundry protective gloves and other appropriate personal protective equipment.

6. Hepatitis B Vaccine and Post Exposure Evaluation and Follow up

General

Grambling State University shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

Grambling State University shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- Provided according to the recommendations of the U. S. Public Health Service.

An accredited laboratory at no cost to the employee shall conduct all laboratory tests.

Hepatitis B Vaccination

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employee who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicate for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indication their

refusal. If a routine booster dose of Hepatitis B vaccine is recommended by the U. S. Public Health Service at future date, such booster doses shall be made available.

Post Exposure Evaluation and Follow-Up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to their department or unit head, who should report it the Office of Safety and Risk Management.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a) Documentation of the route exposure, and the circumstances under which the exposure incident occurred;
- b) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c) The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the department will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented
- d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e) Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
 - b) The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status
- All employees who incur an exposure incident will be offered post-exposure evaluation and follow up in accordance with the OSHA standard.

Information provided to the Healthcare Professional

The healthcare professional responsible for the employees' Hepatitis B vaccination will be provided a copy of the bloodborne pathogen standard regulation. The department will provide the healthcare professional evaluation an employee after an exposure incident is provided the following information:

- a) A copy of the bloodborne pathogen standard regulation
- 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 circumstances under which exposure occurred
- d) Results of the source individual's blood testing, if available
- e) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the university's responsibility to maintain

Healthcare Professional's Written Opinion

The department will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee, and ii the employee has received such vaccination. The

healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:

- a) The employee has been informed of the results of the evaluation
- b) The employee has been informed of any medical conditions resulting from exposure to blood or other potential infectious materials which require further evaluation or treatment

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

7. Labels and Signs

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. There are several exceptions to the labeling requirement:

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use do not need to be labeled in accordance with the provisions outlined in section

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal do not need to be labeled in accordance with the provisions outlined in this section

Regulated waste that has been decontaminated does not need to be labeled

Red bags can be substituted for labels on bags or container of regulated waste

The label will be fluorescent orange, orange-red, or predominantly so, with lettering or symbols in a contrasting color. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method.

8. Information and Training

All university employees with occupational exposure to blood or other potentially infectious materials will participate in a bloodborne pathogen information and training program which is provided at no cost to the employee and conducted during their normal working hours. Annual training will be provided for all employees with occupational exposure (high risk exposure) within one year of their previous training. Employees will receive additional training when changes or modifications of tasks or procedures occur or when new tasks or procedures affect the employee's occupational exposure. The additional training will be limited in scope by only addressing the new exposure created. The training program will contain the following elements:

- a) A copy of the standard and an explanation of its contents;
- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of the Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy;
- e) The recognition of tasks that may involve exposure.
- f) An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- g) Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
- h) An explanation of the basis of selection of PPEs.
- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it 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 procedures to follow if an exposure incident occurs, including the method of reporting medical follow up.
- l) Information on the evaluation and follow up required after an employee exposure incident.
- m) An explanation of the signs, labels, and color coding systems

The person conducting the training shall be knowledgeable in the subject matter. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Low risk exposure employees as previously define receive BBP training during new hire orientation and a refresher every three years thereafter.

9. Record keeping

Medical Records

The Foster Johnson Health Center will establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20. the record shall include:

- a) Name and social security number of the employee
- b) A copy of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations
- c) A copy of all results of examinations, medical testing and follow up procedures required
- d) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.

Training Records

The Office of Safety and Risk Management is responsible for maintaining the following training records. These training records shall be maintained for **three years** from the date of training. The following information shall be documented:

- a) The dates of the training sessions;
- b) An outline describing the material presented
- c) The names and qualifications of persons conducting the training;
- d) The names and job titles of all person attending the training sessions.

All training records relative to the bloodborne pathogen standard will be maintained for a minimum of three years from the date on which the training occurred. The Office of Safety and Risk Management will serve as the custodian of all bloodborne pathogen standard training records. All training records required by this standard will be provided upon request for examination and copying to all employees, employee representatives, the director of the National Institute for Occupational Safety and Health (NIOSH), and the Assistant Secretary of the U. S. Department of Labor in accordance with 29 CFR 1910.20.

10. Evaluation and Review

The Office of Safety and Risk Management is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

11. Dates

All provisions required by this standard ~~will be implement by November 1, 2001.~~ Have been implemented and will remain in effect. The plan will be reviewed annually and revisions made when necessary.

APPENDIX

APPENDIX C

GRAMBLING STATE UNIVERSITY Hepatitis B. Vaccine Policy

Hepatitis B vaccine is available to all employees who could be expected to come into contact with human blood and other potentially infectious materials in the course of their work. There is NO CHARGE to the employee.

If you do not wish to have the vaccine at this time, please sign the refusal form.

REFUSAL FORM FOR HEPATITIS B VACCINE

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.

(Print) Name and Soc. Sec. No.

Date

If you did not sign the refusal for Hepatitis B vaccine, please have your supervisor complete the lower portion and return to the Office of Safety and Risk Management, Facilities Management Building, Room A24.

_____, who is an employee in _____

is _____ is not _____ eligible to receive the Hepatitis B immunization series.

Signature of Employee

Date

Signature of Supervisor

Date

NEW EMPLOYEES WILL NOT BE GIVEN HEPATITIS B VACCINE UNTIL AUTHORIZATION FOR EMPLOYMENT IS SATISFACTORY

APPENDIX B

DEPARTMENT/SUB-UNIT EXPOSURE DETERMINATION LIST

Employment Positions

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Tasks with Potential Exposure

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

A/Bloodborne Pathogens Exposure Control Plan