

# Bloodborne Pathogens Exposure Control Plan

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## I. PURPOSE

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. In furtherance of this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified at 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to “reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens” that employees may encounter in their workplace.

A number of general principles should be followed when working with bloodborne pathogens. These include:

- A. It is prudent to minimize exposure to bloodborne pathogens.
- B. Risk of exposure to bloodborne pathogens should never be underestimated.
- C. Goucher College should institute work practice controls to eliminate or minimize employee exposure to bloodborne pathogens.

Goucher College has implemented this Exposure Control Plan to meet the requirements of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- A. To protect employees from the health hazards associated with bloodborne pathogens.
- B. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

## II. GENERAL PROGRAM MANAGEMENT

### A. Responsible persons

Four major “Categories of Responsibility” are central to the effective implementation of Goucher’s Exposure Control Plan. These are:

1. The Exposure Control Officers;
2. Department Managers;
3. Education/Training Coordinator;
4. Employees.

The following sections define the roles played by each of these groups in carrying out this plan.

## **Exposure Control Officers**

The Exposure Control Officers will be responsible for overall management and support of Goucher's Bloodborne Pathogens Compliance Program. Activities which are delegated to the Exposure Control Officers include, but are not limited to:

- Overall responsibility for implementing the Exposure Control Plan for the entire facility.
- Working with administrators and other employees to develop and administer any additional policies and practices related to bloodborne pathogens and needed to support the effective implementation of this plan.
- Looking for ways to improve the Exposure Control Plan, as well as to revise and update the plan when necessary.
- Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
- Acting as facility liaison during OSHA inspections.
- Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.
- Developing suitable training programs for employees, in consultation with the Director of Human Resources.

The Director of the Student Health Center and the Vice President for Campus Operations, or designees, have been appointed as Exposure Control Officers.

## **Department Managers**

Department Managers (i.e., the Director of the Student Health Center, the Director of Campus Safety, the Director of Facilities Management Services and the Director of Athletics) are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officers and employees to ensure that proper exposure control procedures are followed.

## **Education/Training Coordinator**

The Education/Training Coordinator (the Financial Administrator) is responsible for documentation and recordkeeping regarding training under this plan, including recordkeeping relating to training for all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of the Coordinator include:

- Maintaining an up-to-date list of College personnel requiring training.
- Assisting the Exposure Control Officers in developing suitable education/training programs.
- Scheduling periodic training seminars for employees.
- Maintaining appropriate training documentation.
- Periodically reviewing the training programs to include appropriate new information.

## **Employees**

As with all of Goucher's activities, employees have the most important role in our bloodborne pathogens compliance program, for the ultimate execution of much of the Exposure Control Plan rests in their hands. In this role they must do things such as:

- Know what tasks they perform that have occupational exposure.
- Attend the bloodborne pathogens training sessions.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good personal hygiene habits.

## B. Availability of the exposure control plan to employees

The facility's Exposure Control Plan is available to employees at any time. Employees are advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are kept in the following locations:

1. Human Resources Office
2. Student Health Center
3. Campus Safety Office
4. Facilities Management Services Office
5. Athletic Trainer's Office
6. Mary Fisher Housekeeping Office
7. The [college website](#)

## C. Review and update of the plan

The plan will be reviewed and updated under the following circumstances:

1. Annually, on or before July 1st of each year.
2. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of employees.
3. Whenever employees' jobs are revised such that new instances of occupational exposure may occur.
4. Whenever new functional positions are established that may involve exposure to bloodborne pathogens.

## III. 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 Goucher, the following lists have been developed:

- A. Job classifications in which all employees have "occupational exposure" to bloodborne pathogens.
- B. Job classifications in which employees do not have occupational exposure to bloodborne pathogens but may have potential exposure to bloodborne pathogens.
- C. 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).

“Occupational exposure” is defined in federal regulations as “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.” 29 CFR 1910.1030 (b). Parenteral means “piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.” 29 CFR 1910.1030 (b).

The initial lists were compiled on or before May 5, 1992. The lists were updated in May of 1998, December, 2005, March, 2015 and February, 2020. The Director of Human Resources will work with department managers to revise and update these lists as tasks, procedures, and classifications change.

## Job Classifications in Which All Employees Have Exposure to Bloodborne Pathogens

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Below are listed the job classifications at Goucher where all employees have occupational exposure to bloodborne pathogens:

<b>JOB TITLE</b>	<b>DEPARTMENT/LOCATION</b>
Director of Student Health Center	Student Health Center
Nurse Practitioners	Student Health Center
Nurses	Student Health Center
Athletic trainer and coaches (and assistants)	Athletic Department
Public Campus safety officers	Public Campus Safety
Environmental technicians	FMS
Other FMS employees who perform custodial, plumbing or laundry duties	FMS
Equestrian Staff	Stables
Campus recreation coordinator	Student Life
Lifeguards	Athletic Department

## Work Activities Involving Potential Exposure to Bloodborne Pathogens

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Below are listed the tasks and procedures in which human blood and other potentially infectious materials are handled, which may result in occupational exposure to bloodborne pathogens:

<b>TASK/PROCEDURE</b>	<b>JOB CLASSIFICATION</b>	<b>DEPARTMENT/LOCATION</b>
Handling of contaminated sharps and medical instruments.	nurse, nurse practitioner	Student Health Center
First aid procedures	nurse, nurse practitioner	Student Health Center
First aid procedures	athletic trainer/coach/ assistant coach, lifeguards	Athletic Department
First aid procedures	Campus recreation coordinator	Student Life
First aid procedures	Campus Safety officer	Campus Safety
Handling of contaminated linen/clothing	Athletic trainer[s], environmental technicians	Athletic Department, FMS
Handling of contaminated materials while collecting trash, cleaning up bodily fluids, cleaning in restrooms, working with plumbing	Environmental technicians	FMS

#### IV. METHODS OF COMPLIANCE

A number of areas must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens at Goucher. These areas are:

- A. The use of Universal Precautions.
- B. Establishing appropriate Engineering Controls.
- C. Implementing appropriate Work Practice Controls.
- D. Using necessary Personal Protective Equipment.
- E. Implementing appropriate Housekeeping Procedures.

Each of these areas is reviewed with employees during their bloodborne pathogens related training (see “Information and Training” in Section VII of this plan for additional information). By rigorously following the requirements of OSHA’s Bloodborne Pathogens Standard in these five areas, the college may eliminate or minimize employees’ occupational exposure to bloodborne pathogens as much as is possible.

## A. Universal Precautions

At Goucher, the practice of "Universal Precautions" is observed in order to prevent contact with blood and other potentially infectious materials since 1987. As a result, all human blood and the following body fluids are treated as if they are known to be infectious for HBV, HIV and other bloodborne pathogens:

Semen	Pericardial fluid
Vaginal secretions	Peritoneal fluid
Cerebrospinal fluid	Amniotic fluid
Synovial fluid	Saliva
Pleural fluid	

**In circumstances where it is difficult or impossible to differentiate between body fluid types, all body fluids should be assumed to be potentially infectious.**

The Exposure Control Officers are responsible for overseeing the Universal Precautions Program.

In general, the practice of Universal Precautions includes:

1. Washing hands after contact with any patient or injured person;
2. Washing hands after touching any potentially infectious material;
3. Appropriately discarding, bagging and labeling articles contaminated with infectious material before being sent for decontamination and reprocessing;
4. Refraining from eating, drinking, smoking, applying cosmetics, and handling contact lenses where there is reasonable likelihood of occupational exposure to infectious agents.

## B. Engineering Controls

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

The Exposure Control Officers periodically work with department managers to review tasks and procedures performed in the facility where engineering controls can be implemented or updated. As part of this effort, a facility survey was completed in March 2019, identifying areas where engineering controls are currently employed and areas where engineering controls can be updated.

The results of this survey can be found on the following pages.

Each of these lists is reexamined 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 annually.

## Engineering Control Equipment

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The following areas have Engineering Control Equipment to eliminate or minimize employees' exposure to bloodborne pathogens:

DEPARTMENT/ LOCATION	CONTROL EQUIPMENT	NEEDS UPDATING?	LAST REVIEW DATE
Student Health Center	sharps disposable container	No	March 2019
Student Health Center	appropriate specimen containers	No	March 2019
Student Health Center	handwashing facilities, antiseptic towelettes, red trash bags	No	March 2019
Facilities Management Services	centrifuge cover red trash bags (for biohazard cleanup)	No	March 2019
Athletic Department	handwashing facilities red trash bags	No	March 2019
Science departments	Sharps disposal containers Red trash bags [for collecting pipettes]	No No	March 2019

In addition to the engineering controls identified on these lists, the following engineering controls are used throughout the facility:

1. Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.
2. Containers for contaminated sharps having the following characteristics:
  - Puncture-resistant.
  - Color-coded or labeled with a biohazard warning label.
  - Leak-proof on the sides and bottom.
3. Specimen containers which are:
  - Leak-proof.
  - Color-coded or labeled with a biohazard warning label.
  - Puncture-resistant, when necessary.
4. Secondary containers which are:
  - Leak-proof.
  - Color-coded or labeled with a biohazard warning label.

- Puncture-resistant, if necessary.
5. Students who require use of syringes in their rooms are given containers for contaminated sharps, which they bring to the Heath Center for disposal.

### C. Work Practice Controls

In addition to Engineering Controls, Goucher uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens. The persons responsible for overseeing the implementation of these Work Practice Controls are the Exposure Control Officers. They work in conjunction with department managers to implement the controls.

Goucher has adopted the following Work Practice Controls as part of the Bloodborne Pathogens Compliance Programs:

1. Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
2. Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
3. Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
  - It can be demonstrated that there is no feasible alternative.
  - The action is required by specific medical procedure.
  - In the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
4. Contaminated sharps are placed in appropriate containers immediately, or as soon as possible, after use.
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
6. Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.
7. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
8. All procedures involving blood or other infectious materials minimize splashing, spraying or other actions generating droplets of these materials.
9. Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
10. If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.)
11. Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.



- Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer, and the equipment service representative prior to handling, servicing or shipping.

When a new employee comes to Goucher, or an employee changes jobs within Goucher, the following process takes place to ensure that they are trained in the appropriate work practice controls:

1. The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in our Exposure Control Plan as those in which occupational exposure occurs.
2. The new job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified.
3. The employee is then provided training regarding any work practice controls with which the employee is not experienced.

#### D. Personal Protective Equipment

Personal Protective Equipment is the employees' "last line of defense" against bloodborne pathogens. Because of this, Goucher provides, at no cost to employees, the Personal Protective Equipment that employees need to protect themselves against such exposure. This equipment includes the following (as needed for each job classification):

1. Gloves.
2. Gowns.
3. Laboratory coats.
4. Safety glasses.
5. Goggles.
6. Resuscitation bags.
7. Pocket masks.

The department managers and supervisors are responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

Employees are trained regarding the use of the appropriate personal protective equipment for the job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if employees take a new position or new job functions are added to their current position.

To determine whether additional training is needed, the employee's previous job classification and tasks are compared to those for any new job or function that they undertake. Any needed training is provided by the Exposure Control Officers in consultation with Goucher's Training Coordinator.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, Goucher adheres to the following practices:

1. Employees inspect all of their personal protective equipment periodically and repair or replace as needed to maintain its effectiveness.
2. Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.

3. Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by forwarding that equipment to the Facilities Management Services or the Student Health Center.

To make sure that this equipment is used as effectively as possible, employees adhere to the following practices when using their personal protective equipment:

1. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
2. All personal protective equipment is removed prior to leaving a work area.
3. Gloves are worn in the following circumstances:
  - Whenever employees anticipate hand contact with potentially infectious materials.
  - When performing vascular access procedures.
  - When handling or touching contaminated items or surfaces.
4. Disposable gloves are replaced as soon as practical after contamination or whenever they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
5. Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
6. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
7. Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.

## E. Housekeeping

Maintaining the Student Health Center and other areas where bloodborne pathogens may exist in a clean and sanitary condition is an important part of the Bloodborne Pathogens Compliance Program. Health center and housekeeping staff employ the following practices:

1. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
2. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant:
  - After the completion of medical procedures.
  - Immediately (or as soon as feasible) when surfaces are overtly contaminated.
  - After any spill of blood or infectious materials.
  - At the end of the work shift if the surface may have been contaminated since the last cleaning.
3. Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:
  - As soon as it is feasible when overtly contaminated.
  - At the end of the work shift if they may have been contaminated during the shift.
4. All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.

5. Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, etc.).
6. Contaminated sharps are stored in containers that do not require "hand processing".

The Director of Student Health Services is responsible for ensuring that these procedures are followed within the Student Health Center.

The Student Health Center and FMS employees are also careful in handling regulated waste (including contaminated sharps, laundry, used bandages and other potentially infectious materials).

1. They are discarded or "bagged" in containers that are:
  - Closeable.
  - Puncture-resistant.
  - Leak-proof if the potential for fluid spill or leakage exists.
  - Red in color or labeled with the appropriate biohazard warning label.
2. Containers for this regulated waste are located throughout the Student Health Center and in the Mary Fisher housekeeping area within easy access of employees and as close as possible to the sources of the waste.
3. Waste containers are maintained upright, routinely replaced and not allowed to overfill.
4. Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
5. Whenever employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

Stericycle is responsible for the collection and handling of the facility's contaminated waste.

## **V. HEPATITIS B VACCINATION POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Even with careful adherence to all of exposure prevention practices, exposure incidents can occur. As a result, the College has 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 employees as much as possible from the possibility of Hepatitis B infection, Goucher has implemented a vaccination program. This program is available, at no cost, to all employees who are considered to have "occupational exposure" to bloodborne pathogens and to be at risk for acquiring Hepatitis B infection (See list of employees on pages 4-5.)

The vaccination program consists of a series of three inoculations over a six-month period. As part of their bloodborne pathogens training, employees receive information regarding Hepatitis vaccination, including its safety and effectiveness.

The Exposure Control Officers are responsible for setting up and operating the vaccination program.

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional. Employees taking part in the vaccination program are listed on the following pages. Employees who have declined to take part in the program are listed as well, and have signed the "Vaccination Declination Form" (a sample of which is found after the employee listings).

To ensure that all employees are aware of the vaccination program, it is thoroughly discussed in bloodborne pathogens training provided by the college.

# Employees Eligible for Hepatitis B Vaccination

EMPLOYEE	DEPARTMENT	ACCEPTED/ DECLINED	DATES SCHEDULED	INOCULATION RECEIVED #1 #2 #3	ADMINISTERING HEALTHCARE PROFESSIONAL (INITIALS)

# Vaccination Declination Form

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

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity at Goucher College to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that if I decline the vaccine offered by the College, 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 at no charge to me.

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Employee Signature

Date

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Facility Representative Signature

Date

I have \_\_\_ have not \_\_\_ previously received the Hepatitis B vaccine on

\_\_\_\_\_ (insert dates of vaccinations).

## B. Post-Exposure Evaluation and Follow-Up

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred the following procedure is followed:

1. The Exposure Control Officers investigate every exposure incident that occurs at the college. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:
  - When the incident occurred.
    - Date and time.
  - Where the incident occurred.
    - Location within the facility.
  - What potentially infectious materials were involved in the incident.
    - Type of material (blood).
  - Source of the material.
  - Under what circumstances the incident occurred.
    - Type of work being performed.
  - How the incident was caused.
    - Accident.
    - Unusual circumstances (such as equipment malfunction, etc.).
  - Personal protective equipment being used at the time of the incident.
  - Actions taken as a result of the incident.
    - Cleanup.
    - Notifications made.
2. 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. See [“Incident Investigation Form”](#) found at the end of this Section V.
3. The post-exposure follow-up process is initiated following the [“checklist”](#) at the end of this section V. The information involved in this process must remain confidential and the privacy of the people involved should be protected, to the extent reasonably possible.
  - The following information is provided.
    - Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
    - Identification of the source individual (unless not feasible or prohibited by law).
  - \* The employee is referred to Concentra for evaluation and follow-up.
  - \* An appointment is arranged 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.

## C. Information Provided to the Healthcare Professional

To assist the healthcare professional, a description of the exposure incident will be provided upon request.

## D. Healthcare Professional's Written Opinion

After the consultation, the healthcare professional (generally, a healthcare professional at Concentra) provides the Exposure Control Officers with a written opinion evaluating the exposed employee's situation. They, in turn, furnish a copy of this opinion to the exposed employee.

In keeping with the emphasis on confidentiality in this process, the written opinion will contain only the following information:

1. Whether Hepatitis B Vaccination is indicated for the employee.
2. Whether the employee has received the Hepatitis B Vaccination.
3. Confirmation that the employee has been informed of the results of the evaluation.
4. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

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

## E. Medical Recordkeeping

To make sure that the college has as much medical information available to the participating healthcare professional as possible, Goucher maintains medical records on employees who have occupational exposure to bloodborne pathogens. (See page 6 for list of job classifications). The Director of Human Resources is responsible for setting up and maintaining these records, which include the following information:

1. Name of the employee.
2. Social security number of the employee.
3. A record of the employee's Hepatitis B Vaccination status including dates of any vaccinations.
4. 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.
5. 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, the college recognizes that it is important to keep the information in these medical records confidential and will not disclose or report this information to anyone without the employee's written consent (except as required by law).



# Exposure Incident Investigation Form

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Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location: \_\_\_\_\_

Potentially infectious materials involved:

Type: \_\_\_\_\_ source: \_\_\_\_\_

Type: \_\_\_\_\_ source: \_\_\_\_\_

Type: \_\_\_\_\_ source: \_\_\_\_\_

Circumstances (work being performed, etc.):

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

How the incident was caused (accident, equipment malfunction, etc.):

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

Personal protective equipment being used:

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

Actions being taken (decontamination, clean-up, reporting, etc.):

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

Recommendations for avoiding repetition:

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

# Post-Exposure Evaluation and Follow-Up Checklist

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The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

<b>ACTIVITY</b>	<b>COMPLETION DATE</b>
<input type="checkbox"/> Employee furnished with documentation regarding exposure to incident.	_____
<input type="checkbox"/> Source individual identified.  _____	_____
Source Individual	
<input type="checkbox"/> Source individual's blood tested and results given to exposed employee.  <input type="checkbox"/> Source individual has not provided consent	_____
<input type="checkbox"/> Exposed employee's blood collected and tested.	_____
<input type="checkbox"/> Appointment arranged for employee with healthcare professional.	_____
_____	_____
Professional's Name	Phone No. or Company
<input type="checkbox"/> Documentation forwarded to healthcare professional.  <input type="checkbox"/> Bloodborne Pathogens Standard. <input type="checkbox"/> Description of exposed employee's duties. <input type="checkbox"/> Description of exposure incident, including routes of exposure. <input type="checkbox"/> Result of source individual's blood testing. <input type="checkbox"/> Employee's medical records.	

## **VI. LABELS AND SIGNS**

For employees the most obvious warning of possible exposure to bloodborne pathogens is provided through biohazard labels. Because of this, the college has implemented a comprehensive biohazard warning labeling program at Goucher using labels of the type shown on the following page, or when appropriate, using red "color-coded" containers. The Exposure Control Officers are responsible for setting up and maintaining this program.

The following items at Goucher's Student Health Center are labeled:

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

Labels affixed to contaminated equipment also indicate which portions of the equipment are contaminated.

Although biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities, the campus does not contain any such facilities.

Biohazard Label  
(Red-Orange)

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**BIOHAZARD**

## VII. INFORMATION AND TRAINING

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

This program was set up so that employees would receive the required training on or before June 4, 1992[FP3]. 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.

The Exposure Control Officers, in consultation with the Risk Manager and the Vice President for Human Resources, are responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training.

### A. Training Topics

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

1. The Bloodborne Pathogens Standard itself (19 CFR 1910.1030).
2. The epidemiology and symptoms of bloodborne diseases.
3. The modes of transmission of bloodborne pathogens.
4. Goucher's Exposure Control Plan (and where employees can obtain a copy).
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - Engineering controls.
  - Work practice controls.
  - Personal protective equipment.
7. Selection and use of personal protective equipment including types available, proper use, location within the facility, removal, handling, decontamination, and disposal.
8. Visual warnings of biohazards within our facility including labels, signs and "color-coded" containers.
9. Information on the Hepatitis B Vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and Goucher's free vaccination program for employees who are exposed to bloodborne pathogens.
10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. The procedures to follow if an exposure incident occurs, including incident reporting.
12. Information on the post-exposure evaluation and follow-up, including medical consultation, that Goucher will provide.

## B. Training Methods

Goucher's training presentations make use of several training techniques including classroom type atmosphere with personal instruction. Videotaped programs may also be given.

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

## C. Recordkeeping

To facilitate the training of employees, as well as to document the training process, Goucher's Education/Training Coordinator maintains training records containing the following information:

1. Dates of all training sessions.
2. Contents/summary of the training sessions.
3. Names of the instructors.
4. Names titles of employees attending the training sessions.