

Kalamazoo Valley Community College

Bloodborne Infectious Diseases

Exposure Control Plan



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POLICY

This document serves as the written procedures Bloodborne Pathogens Exposure Control Plan for Kalamazoo Valley Community College (KVCC). These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials (OPIM) during the course of work.

This plan has been developed in accordance with the MIOSHA rules 325.70001-70016 including Appendix A & Appendix B (Part 554, Bloodborne Infectious Diseases). The schedule and method of implementation for each of the applicable rules follows:

1. The standard shall become effective on September 2, 1992.
2. The exposure control plan required by the Michigan standard shall be in effect on or before November 2, 1992.
3. The information, training, and record keeping sections shall take effect on or before December 2, 1992.
4. Engineering and work practice controls, personal protective equipment, housekeeping, Hepatitis B vaccination and post-exposure control evaluation and follow-up, and labeling requirements sections shall take effect on or before January 1, 1993.
5. Incorporation of the provisions of Needlestick Safety and Prevention Act (PUBL. 106 – 430) which was adopted and became effective in Michigan on October 18, 2001.

The purpose of this plan includes:

- To define formal infection control procedures to protect Kalamazoo Valley Community College (KVCC) employees from occupational exposure to blood, bodily fluids, or other potentially infectious material.
- To ensure Kalamazoo Valley Community College compliance with all federal and state approved plan requirements as indicated above.
- Notification to all employees at risk of the most effective methods available to protect their health from this potential threat.

PROGRAM ADMINISTRATION

Kalamazoo Valley Community College's Public Safety Department is responsible for developing and maintaining the program. Employees may review a copy of the plan at any time. The exposure control plan is located in the Employee Portal.

In addition, responsible supervisors who have employees listed in Category A (see exposure determination section) are responsible to ensure that their employees with potential risk comply with the provisions of this plan. Hepatitis B vaccinations shall be coordinated through the Human Resources Office.

Bronson ProHealth will be the preferred agency for administering the vaccine at one of the following locations:

- Bronson ProHealth @ the LIRC (The Groves)
6789 Elm Valley Drive
Kalamazoo, MI 49009
(269) 544-3240
Hours: Monday/Wednesday/Friday, 7:00am – 12 noon
- Bronson ProHealth Management Services
820 John Street, Suite #102
Kalamazoo, MI 49007
(269) 341-8938
Hours: Monday-Thursday, 7:00am – 5:00pm Friday, 8:00am – 5:00pm

The Human Resources is responsible for maintaining any medical records related to the Exposure Control Plan at Kalamazoo Valley Community College.

If after reading this program, you find that improvements can be made, please contact the Public Safety Department at 269-488-4575. We encourage all suggestions in our commitment to the success of our written plans and programs. We strive for clear understanding, safe behavior, and involvement from every level of the college.

DEFINITIONS

Bloodborne Pathogens (BBPs): Pathogenic microorganisms present in human blood that can cause disease, such as Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

Other Potentially Infectious Materials (OPIM): Saliva in dental procedures, body fluids visibly contaminated with blood, or other bodily fluids that are difficult to differentiate from blood or other infectious materials.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by employees for protection against hazards, including gloves, masks, protective eyewear, and gowns.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

EXPOSURE DETERMINATION (R 325.70003)

Kalamazoo Valley Community College shall evaluate routine and reasonably anticipated tasks and procedures to determine whether there is actual or reasonably anticipated employee exposure to blood or other potentially infectious material. There are two categories of determination, category A or B as follows:

Category A

Category A consists of occupations that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in nonroutine situations as a condition of employment.

Category B

Category B consists of occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. Employees in occupations in this category do not perform or assist in emergency medical care or first aid and are not reasonably anticipated to be exposed in any other way.

An exposure determination shall be made without regard to the use of personal protective clothing and equipment.

Employees in the job classifications listed below or those who are designated as First Responders at Kalamazoo Valley Community College have been classified in Category A, because of the potential risk of occupational exposure. All other college employees are not expected to have contact with human blood or other potentially infectious materials in the course of performing their job duties and therefore they are classified in Category B for purposes of complying with the requirements of the Bloodborne Infectious Diseases Standard.

The job classifications and associated tasks for Category A are as follows:

- Athletic Trainers
- Biology Instructors
- Biology Laboratory Technicians
- Cage Attendants (laundry)
- Custodians
- Dental Hygiene Clinical Instructors
- Emergency Medical Technician Clinical Instructors
- First Responders
- Lifeguards
- Maintenance Specialists
- Medical Assisting Clinical Instructors
- Nursing Clinical Instructors
- Physical Education Instructors
- Public Safety Director
- Public Safety Officers
- Respiratory Therapy Clinical Instructors
- Security
- Surgical Technology Clinical Instructor
- Wellness Center Specialists

UNIVERSAL PRECAUTIONS (R 325.70005)

Universal precautions shall be observed to prevent contact with blood and other potentially infectious materials. If differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Universal precautions are an approach to infection control. According to this concept all human blood and certain human body fluids are treated as if they are known to be infectious with such bloodborne pathogens as HIV, HBV, HCV, etc. As a result of this assumption institutions and employees are required to develop and use a set of standard practices and/or procedures that are always observed to limit or prevent contact with human blood, certain human body fluids, and other potentially infectious materials.

Universal precautions are the most effective way of minimizing the spread of infectious agents that are potentially present in human blood, body fluids, and tissues.

Universal precautions will be observed at Kalamazoo Valley Community College in the provision of first aid, the removal of sharps and waste from the Dental Hygiene Clinic, the Nursing Clinic, the Medical Assistant/Health Promotion Clinic, Biology Laboratories, in the handling of laundry in the gymnasium/athletic crib area, and any other job task which may have a potential for contact with contaminated materials or equipment.

Employees in all situations that present a potential for exposure must utilize universal precautions. While the majority of Kalamazoo Valley Community College instructors do not work in delivering health care services, there are a number of employees who teach and supervise students who are being trained for such roles. While performing the role of teacher and supervisor, these instructors may potentially be exposed to human blood or other human body fluids. Affected College personnel receive training about the concept, techniques, and personal protective equipment (PPE) of universal precautions during general bloodborne infectious diseases training.

Universal precautions techniques developed by the Centers for Disease Control and Prevention (CDC) will be observed at this facility to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

ENGINEERING AND WORK PRACTICE CONTROLS (R325.70006 & R325.70007)

R325.70006

(1) Engineering controls shall be used in combination with work practice controls to minimize or eliminate employee exposure to blood and other potentially infectious material. Where exposure remains after use of engineering and work practice controls, personal protective equipment shall also be used.

(2) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(3) An employer shall provide hand-washing facilities which are readily accessible to employees. When provision of hand-washing facilities is not feasible, an employer shall provide an appropriate antiseptic hand cleanser with clean cloth or paper towels or antiseptic towelettes.

R325.70007

At a minimum, work practices shall ensure all of the following:

(a) All personal protective equipment shall be removed before leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

(b) If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

(c) Employers shall provide handwashing facilities that are readily accessible to employees. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, employees shall wash hands with soap and running water as soon as feasible.

(d) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(e) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Engineering and work practice controls shall be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, employees are required to wear PPE. At this facility the following engineering controls are used:

- Placing sharp items (e.g., needles, scalpels, etc.) in puncture-resistant, leak proof, labeled containers
- Performing procedures so that splashing, spraying, splattering, and producing drops of blood or OPIM is minimized
- Removing soiled PPE as soon as possible. All PPE shall be removed before leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- Cleaning and disinfecting all equipment and work surfaces potentially contaminated with blood or OPIM. (Note: Kalamazoo Valley Community College shall use a commercial disinfectant, that is a listed a hospital grade disinfectant).
- Thorough hand washing with soap and water immediately after contact with potentially contaminated persons or objects
- Prohibition of eating, drinking, smoking, applying cosmetics, handling contact lenses and so on in work areas where exposure to infectious materials may occur
- Use of leak-proof, labeled containers for contaminated disposable waste or laundry

The above controls are examined and maintained on a regular schedule.

Handwashing Facilities

Handwashing facilities are available to employees who have exposure to blood or OPIM. Sinks for washing hands after occupational exposure are near locations where exposure to bloodborne pathogens could occur.

- Supervisors shall provide handwashing facilities that are readily accessible to employees.
- Supervisors shall instruct employees to wash their hands immediately or as soon as feasible after removal of gloves, or other personal protective equipment.
- Supervisors shall ensure that employees wash their hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

- When circumstances require handwashing and facilities are not available, either an antiseptic cleanser and paper towels or antiseptic towelettes are provided. Employees must then wash their hands with soap and water as soon as possible.
- Supervisors of areas or facilities that are subject to exposure control are responsible for checking and maintaining a supply of antiseptic hand cleaner, clean cloth/paper towels or antiseptic towelettes.

Sharps

Employees shall not shear, bend, recap, remove, or purposely break contaminated needles and other sharps.

Designated personnel shall require that engineering controls be observed and maintained on a regular schedule to insure their effectiveness (e.g., replacement of disposable sharps containers when they are approaching capacity).

Handling Contaminated Needles and Other Sharps

The procedure for handling contaminated sharps is:

- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color-coded.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found.
- The containers are kept upright throughout use, replaced routinely and not allowed to be overfilled.
- When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport or shipping.
- The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping. The second container shall be labeled or color-coded to identify its contents.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, 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 tops or bench tops where blood or OPIM are present.

Mouth pipetting/suctioning of blood or OPIM is prohibited. All procedures involving blood or other potentially infectious materials will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or OPIM.

Specimens

Specimens of blood or OPIM will be placed in containers, which prevent leakage during their collection, handling, processing, storage and transport. Any specimen containers, which could puncture a primary container, will be placed within a secondary container that is puncture resistant.

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

Kalamazoo Valley Community College uses universal precautions and specimen containers that are easily recognizable as such, covered by the OSHA exemption not to label or color code these containers. This exemption applies only while the specimens remain in the facility.

Contaminated Equipment

Kalamazoo Valley Community College requires that equipment which has become contaminated with blood or OPIM must be decontaminated before servicing or shipping as necessary unless the decontamination of the equipment is not feasible. Our procedures for equipment decontamination are as follows:

- Glass slides will be placed into a cardboard envelope and securely closed before being placed into a sharp's container or other puncture resistant container.
- A readily visible label shall be attached to the equipment stating which portions remain contaminated.
- Supervisors shall ensure that this information is conveyed to all affected employees, servicing representatives, or suppliers/manufacturers as appropriate, prior to handling, servicing or shipping so that appropriate precautions will be taken.

PERSONAL PROTECTIVE EQUIPMENT (R 325.70008)

Protective Clothing

Protective clothing will be provided to employees in the following manner. Supervisors are responsible for distributing the appropriate protective clothing as determined by the duties performed and/or at the request of the employee.

- An employee may temporarily and briefly decline wearing PPE under rare and extraordinary circumstances, and when in the professional judgment of the employee, it prevents the delivery of health care or public safety services or poses a greater hazard to workers.
- The supervisor shall ensure that appropriate PPE in the appropriate size is readily accessible at the worksite or is issued to the employee.
- Personal protective equipment will be cleaned, laundered, or disposed of at no cost to the employee.
- Repairs or replacements to PPE, as needed to maintain its effectiveness, will be provided at no cost to the employee.

- If blood or other potentially infectious materials penetrate a garment(s), the garment(s) shall be removed immediately or as soon as feasible.
- Employees shall remove all personal protective equipment prior to leaving the work area.
- When PPE is removed it shall be placed in an appropriately designated container for storage, washing, decontamination, or disposal.

Gloves

Employees must wear gloves when they anticipate hand contact with blood, OPIM, non-intact skin and mucous membranes when performing vascular access procedures and when handling or touching contaminated items or surfaces.

- Disposable gloves used at this facility 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 exhibiting other signs of deterioration or when their ability to function as a barrier is compromised.
- 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.

Additional conditions of use include:

- Hands shall be washed and gloves changed between patient contacts.
- Gloves shall NOT be washed in lieu of changing. Use of soaps will compromise their ability to be an effective barrier. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn or punctured or when their ability to function as a barrier is compromised.

Eye and Face Shields

Employees must wear masks in combination with eye protective devices, such as goggles or glasses with solid side shield or chin length face shields, whenever splashes splatter or droplets of blood or OPIM may be generated and reasonably anticipated to contaminate eye, nose or mouth.

Situations at Kalamazoo Valley Community College that may require such protection are as follows but not limited to:

- Venipunctures
- Handling specimens, i.e., blood or other potentially infectious body fluids
- Laboratory procedures involving blood or other potentially infectious body fluids
- Dental hygiene procedures that generate blood

- Emergency care
- Cleaning contaminated surfaces

Other PPE

Additional PPE selections such as use of head nets, gowns and foot coverings may be necessary to ensure employee safety in regards to bloodborne pathogens. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps and hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

HOUSEKEEPING (R 325.70009)

Applicable Institutional facilities will be cleaned and decontaminated according to the following schedule:

- Contaminated work surfaces must be cleaned and then decontaminated with a tuberculocidal disinfectant upon completion of procedures or when contaminated by splashes, spills or contact with blood or other potentially infectious materials, as well as at the end of the work shift or clinic if the surfaces may have become contaminated since the last cleaning.
- All equipment and working surfaces shall be cleaned and checked routinely and shall be decontaminated as necessary.
- All coverings used for protecting working surfaces shall be removed and replaced as soon as possible after they have become contaminated.

Additional housekeeping requirements to prevent the spread of bloodborne pathogens include:

- Any broken glassware, which may be contaminated, will not be picked up directly with the hands.
- Reusable sharps that are contaminated with blood or OPIM are not stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Red bags or containers may be substituted for labels. Labels required for contaminated equipment shall also state which portion(s) of the equipment remains contaminated.

HANDLING REGULATED WATES (R 325.70010)

Regulated waste must be placed in closeable, leak-proof containers built to contain all contents during handling, storing, transporting or shipping and labeled appropriately (see labeling section). Regulated waste includes:

- Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling

- Contaminated sharps
- Pathological and microbiological wastes containing blood or other potentially infectious materials.

Infectious Waste is defined as the following:

- Cultures and stocks of infectious agents and associated biological material, including laboratory waste, biological production wastes, culture dishes and related devices.
- Liquid blood and blood products and body fluids (as defined under Universal Precautions). This includes materials crusted or soaked with blood or body fluids.
- Sharps (needles, scalpels, syringes).

Regulated waste, including sharps, shall be placed in appropriate containers. Such containers are located in the following work areas: Biology Laboratory, Dental Hygiene Clinic, Medical Assistant Health Promotion Screening Clinic, Nursing Laboratory, Anna Whitten Hall Facility Services and Michigan High Throughput Screening Center.

All infectious waste spills must be carefully cleaned up using approved methods and red biohazard bags, if classified as regulated waste and picked up for waste transfer. Small amounts of blood (i.e., Band-Aids) may be disposed of in regular trash. Small amounts of OPIM will be carefully cleaned up using approved methods and disposed of in regular trash using approved disposal methods.

Sharps shall be discarded immediately or as soon as feasible in specified sharps containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color-coded. These containers shall be easily accessible and located as close as feasible to the area where sharps are used. These containers shall be maintained upright and replaced routinely when full. These containers shall be closed prior to removal. These containers shall be placed in a secondary container if leakage is possible.

The Public Safety Department monitors the disposal of all regulated and infectious waste. The disposal of this waste shall be in accordance with applicable federal, state, local and institutional regulations.

LAUNDRY HANDLING PROCEDURES (R 325.70011)

Laundry that is or may be soiled with blood or other potentially infectious material or that may contain contaminated sharps shall be treated as if it were contaminated and shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed in areas where patients are cared for.

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with R 325.70014. If laundry is wet and presents the likelihood for soaking through or leaking from the bag, it shall be placed and transported in leakproof bags.

Kalamazoo Valley Community College shall ensure that laundry workers wear protective gloves and other appropriate personal protective work clothing while handling contaminated laundry.

Kalamazoo Valley Community College follows universal precautions in the handling of all soiled laundry, alternative labeling or color coding is sufficient if it permits all employees to recognize the containers that are required to be in compliance with universal precautions.

If Kalamazoo Valley Community College ships contaminated laundry off-site to a facility that does not use universal precautions in the handling of all laundry, the Kalamazoo Valley Community College shall use bags or containers that are labeled or color-coded in accordance with R 325.70014.

LABELING – COMMUNICATION OF HAZARDS TO EMPLOYEES **(R 325.70014)**

Containers shall be labeled with fluorescent orange-red biohazard warning labels. The warning label will contain the symbol of biohazard and will have the word “BIOHAZARD” on it and be attached to each object or container by wire, string, adhesive, or another method to prevent loss or unintentional removal of the label.



Labels shall be in compliance with all of the following requirements:

- (a) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers that contain blood or other potentially infectious material, and other containers that are used to store or transport blood or other potentially infectious material, except as provided in subdivision (d) or (e) of this subrule.
- (b) Labels shall be fluorescent orange or orange-red or predominately orange or orange-red, with lettering or symbols in a contrasting color.
- (c) Labels shall either be an integral part of the container or shall be affixed as close as safely possible to the container by string, wire, or adhesive or by another method that prevents the loss of labels or the unintentional removal of labels.
- (d) Red bags or red containers may be substituted for labels.
- (e) Containers of blood, blood components, or blood products that are labeled as to their contents and that have been released for transfusion or other clinical use are exempted from the labeling requirements of this rule.
- (f) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from labeling requirements.

(g) Labels required for contaminated equipment shall be in accordance this subrule and shall also describe which portions of the equipment remain contaminated.

(h) Regulated waste that has been decontaminated need not be labeled or color-coded.

Supervisors will ensure that warning labels are affixed to containers of regulated waste generated in their area of management. Labels can be obtained from the Public Safety Department. Red bags or containers may be substituted for labels.

Labels required for contaminated equipment will also state which portions of the equipment remains contaminated.

Standard Operating Procedures

Task-specific standard operating procedures that address all of the following areas will be provided to employees either verbally or in written form prior to initial assignment or change in job task:

- Employee recognition of reasonably anticipated exposure to blood and other potentially infectious material.
- Appropriate selection, use, maintenance and disposal of PPE.
- Contingency plans for foreseeable circumstances that prevent following the recommended standard operating procedures.

Hepatitis B Vaccination Program

Kalamazoo Valley Community College offers the Hepatitis B and vaccination series to all employees who have occupational exposure to bloodborne pathogens, and post exposure follow up to employees who have had an exposure incident. The Hepatitis B Vaccine Employee Information Package, including the Consent Form and Declination Statement can be attained by contacting Human Resource Department.

All laboratory tests are conducted by an accredited laboratory at no cost to the employee. Hepatitis B vaccination is made available:

- After employees have been trained in occupational exposure (see Information and Training).
- Within 10 working days of initial assignment.
- To all employees who have occupational exposure unless a given employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not 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 will be made available. All employees who decline the Hepatitis B vaccination offered must sign the OSHA required statement indicating their declination.

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

POST-EXPOSURE EVALUATION AND FOLLOW-UP (R325.70013 (5))

If an employee has an exposure incident, the following steps should be taken immediately:

- Thoroughly cleanse the exposed body site.
- Remove personal protective equipment and wash exposed site again with soap and water. The exposed site shall be thoroughly disinfected with appropriate skin disinfectant if immediately available. Follow precautions to minimize exposure of other persons to blood or blood products, (e.g., inform co-workers to use protective barriers, remove an exposed sharp, etc.).
- Notify supervisor and KVCC Public Safety Department
- Public Safety will assist with first aid needs
- Seek professional medical attention immediately for post-exposure follow-up
- After assistance has been obtained for the exposed employee, the supervisor shall contact Public Safety Department to report the exposure incident and to start the exposure follow-up process.
- Ensure that other persons remain out of the area to minimize potential exposure to blood or blood products and to allow emergency equipment and/or appropriate personnel access.
- Notify Facility Services when clean-up of a contaminated area is required. Ensure that the custodians are aware of the potential for contamination and take every precaution to prevent contamination of themselves or other persons by using appropriate PPE and decontamination procedures.
- Ensure that the contaminated area is decontaminated before normal activity is allowed to resume.

Subsequent to a reported occupational exposure incident to blood or other potentially infectious material, Kalamazoo Valley Community College will provide each exposed employee with an opportunity to have a confidential medical evaluation and follow-up. The evaluation and follow-up shall include, at a minimum, all of the following elements:

- Documentation of the route or routes of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless it is established that identification is infeasible or prohibited by state or local law. Documentation shall include all of the following:
 - The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV and HIV infectivity. If the source individual's consent is not required by law, his or her blood, if available, shall be tested and the results documented.
 - If the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

- 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 or HBV and HIV serological status shall include both of the following:
 - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - If the exposed employee consents to baseline blood collection, but not to HIV testing at that time, the sample shall be preserved for not less than 90 days. If within the 90 days the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the US public health service
- Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law
- Evaluation of reported illnesses

The Public Safety Department and Human Resource shall observe the following procedures:

- Track each person's reported exposure to blood, blood products or other infectious waste materials.
- Record needle stick and all other exposure injuries on the OSHA Form 300, Log of Work-Related Injuries and Illnesses, if medical treatment is prescribed and administered by licensed medical personnel.
- Maintain the OSHA 301, Injury and Illness Incident Report.
- Record any cases of clinical Hepatitis or HIV related illness on the OSHA Form 300 if the illness can be traced back to an occupational injury or exposure incident.
- Maintain files documenting employee training on Exposure Control Plan.

Responsibilities of Employees:

- All persons are expected to be knowledgeable about specific operating procedures pertinent to their work area or laboratory.
- All persons are expected to wear appropriate PPE and to follow work practices that reduce the likelihood of exposure to Bloodborne diseases when performing a task with potential exposure.
- All persons are to immediately report an incident of contact with blood or body fluids sustained during the course of occupational or classroom duties to their supervisors. Supervisors are responsible for posting this procedure.

The healthcare professional that provides a medical evaluation and follow-up to an employee after a reported occupational exposure incident involving blood or other potentially infectious material shall be provided with the following:

- A written description of the exposed employee's duties as they relate to the exposure incident
- Written documentation of the route of exposure and circumstances under which exposure occurred
- Results of the source individuals blood testing, if available
- All medical records relevant to the appropriate treatment of the employee including vaccination status
- A description of any personal protective equipment used or to be used

The Evaluation of Exposure Incident form at the Public Safety Department shall be used to gather this information.

Kalamazoo Valley Community College shall 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 written opinion shall be limited to the following information:

- The healthcare professional's recommended limitations upon the employee's use of personal protective clothing or equipment.
- Whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
- A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation or treatment. The written opinion obtained by the employer shall not reveal specific findings or diagnoses that are unrelated to the employee's ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnosis shall remain confidential.

INFORMATION AND TRAINING (R 325.70016)

Kalamazoo Valley Community College shall ensure that all category A employees participate in a training program provided at no cost to the employees and during working hours.

Training shall be provided at the time of initial assignment to category A work or within 90 days after the effective date of these rules, whichever is later, and at least annually thereafter. If an employee has received training on bloodborne pathogens in the year preceding the effective date of these rules, only training with respect to requirements of this rule that were not included in the previous training need to be provided.

Kalamazoo Valley Community College shall provide additional training when changes, such as the modification of tasks or procedures or the institution of new tasks or procedures, affect an

employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to the educational level, literacy, and language background of employees shall be used.

The training program shall contain all of the following elements:

- (a) Accessibility of the copy of these rules and an explanation of the contents of these rules, including appendices.
- (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, including the standard operating procedures, and how an employee can access 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 material.
- (f) An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
- (g) Information on all of the following with respect to personal protective clothing and equipment:
 - (i) Types.
 - (ii) Proper use.
 - (iii) Limitations.
 - (iv) Location.
 - (v) Removal.
 - (vi) Handling.
 - (vii) Decontamination.
 - (viii) Disposal.
- (h) An explanation of the basis for selecting protective clothing and equipment.
- (i) Information on the hepatitis B vaccine and postexposure prophylaxis, including all of the following information:
 - (i) Availability.
 - (ii) Efficacy.
 - (iii) Safety.
 - (iv) The benefits of being vaccinated.
 - (v) Method of administration.
 - (vi) That vaccination is free of charge.
- (j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material.

- (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 and counseling that will be made available.
- (l) An explanation of the signs and labels or color coding required by R 325.70014.

Training shall be conducted in the following manner:

- (a) At the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
- (b) Training sessions shall afford employees ample opportunity for discussion and the answering of questions by a knowledgeable trainer.
- (c) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Written documentation of attendance at training will be maintained by Institutional Safety.

Additional training is provided to employees when changes, such as the modification of tasks or procedures or the institution of new tasks or procedures, affect an employee's occupational exposure. The additional training may be limited to addressing the new exposures created. Employees who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan will only receive training in provisions of the plan that were not covered previously.

RECORDKEEPING (R 325.70015)

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

Medical records shall be maintained in accordance with Health Standard Part 470 and R 325.3451- R 325.3476. These records shall be kept confidential, and must be maintained by Human Resources Office for at least the duration of employment plus 30 years. The records shall include the following:

- A copy of the employee's HBV vaccination status, including the dates of vaccination.
- Medical records relating to the employee's ability to receive a vaccination as required by R 325.70013.
- A copy of all results of examinations, medical testing, and follow-up procedures as required by R 325.70013
- The employer's copy of the physician's written opinion.
- A copy of the information provided to the physician as required by R 325.70013(6).
- 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.

Sharp Injury Log

A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log at minimum includes:

- Type and brand of device involved in the injury.
- Department or work area where the exposure occurred.
- Explanation of how the incident occurred.

The log is recorded and maintained to protect the confidentiality of the injured employee. The sharps injury log shall be maintained for the period required as prescribed in MIOSHA Safety and Health Standard Part 11. The Public Safety Department is responsible for the maintenance of the sharps injury log.

Availability

Kalamazoo Valley Community College shall ensure that all records that are required to be maintained by these rules are made available, upon request, to representatives of the department of the director for examination and copying.

Kalamazoo Valley Community College shall ensure that employee training records are provided, upon request, for examination and copying to employees, employee representatives, and the director in accordance with Health Standard Part 470. "Employee Medical Records and Trade Secrets," as referenced in R 325.70001.

All employee records shall be made available to the employee in accordance with Health Standard Part 470.

Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, NIOSH shall be contacted for final disposition.

Evaluation and Review

This program and its effectiveness are reviewed every year and updated as needed. All provisions required by this standard will be implemented by the Institutional Safety department. Methods of evaluating training for this program will include reviews of accident statistics, employee evaluation/feedback, and/or pre-training and post-training safety quizzes.

Corresponding Forms

The following forms were created to correspond with this exposure control plan. They are reviewed and updated at least annually and can be requested from Human Resources:

- Hepatitis B Vaccine Employee Information Packet
- Hepatitis B Vaccine Consent Form
- Hepatitis B Declination Statement
- Evaluation of Exposure Incident

REVIEW/REVISION SCHEDULE

Original Version: 08/19/92

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