

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

Bloodborne Pathogen Exposure Control Plan

March 1, 2013

I. PURPOSE

The purpose of the Exposure Control Plan (ECP) is to significantly reduce the risk of infection for employees with potential to be exposed to blood or body fluids. This plan and noted procedures are intended to comply with 29 CFR 1910.1030, U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) standard, pertaining to employees who may be subject to occupational exposure to bloodborne pathogens. This plan identifies the job classifications that may incur occupational exposure to blood and other potentially infectious materials (OPIM) within the Maricopa County Community College District (MCCCD).

This plan also describes the methods of compliance with applicable requirements of the standard and a procedure for evaluating exposure incidents. In addition, the standard requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories are expected to incur exposure to blood or OPIM, tasks or procedures that would cause these employees to have occupational exposure are listed to better understand clearly which employees in these categories are considered to have occupational exposure.

All full and part-time employees of MCCCD whose job classifications put them at risk for exposure to bloodborne pathogens are required to comply with this plan and with the requirements of the standard. Any failure to comply may be cause for disciplinary action. Departments or programs utilizing on-campus sites for instruction in which there is a risk of exposure to bloodborne pathogens will assure that all employees affected are trained in the Standard, Universal Precautions, and this ECP. District employees involved in the instruction of students at off-campus clinical sites will comply with the plan established by that facility or, if the facility does not have an established plan, this ECP.

II. RESPONSIBILITY

- A. Each College President has the responsibility to ensure this written program is made available to all employees under their charge and the provisions contained within are followed and adhered to.
- B. All Supervisors are responsible for assisting their College President in providing a workplace free of recognized hazards in accordance with Federal and State law. They are also responsible to ensure any safety issues reported to them are addressed and/or forwarded to the appropriate contact on their campus to address the issue(s).
- C. All Employees are responsible for reporting any unsafe working conditions or issues to their immediate supervisor. Additionally, they are responsible for adhering to all safety policies, regulations and procedures established by MCCCCD.
- D. The Bloodborne Pathogen Exposure Control Program Coordinator, who is identified in Appendix A, Section A (College Exposure Control Plan) is responsible for implementing ECP at their respective colleges.

III. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

The Bloodborne Pathogen ECP must be made available to employees at all times and working on any shift. Copies of this ECP are available for examination as indicated in Appendix A, Section B.

IV. DEFINITIONS

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Contaminated: means the presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

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

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

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

Other Potentially Infectious Materials (OPIM):

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

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

Regulated Waste: means contaminated items that would release blood or other potentially infectious materials (OPIM) in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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

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

V. EXPOSURE DETERMINATION

The Program Coordinator and those listed in Appendix A, Section E are responsible for classifying tasks performed in their areas of responsibility that have a potential of exposure to blood or other infectious body fluids. Whenever possible, additional procedures are established to eliminate or reduce task-associated risks and program lead instructors are responsible for their supervisors, division chairs and employees adherence to this policy including part-time employees. Occupational exposure determination is made without regard to the use of PPE (i.e., the presence of PPE does not alter the presumption of potential exposure).

Supervisors, division chairs and program lead instructors shall ensure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been evaluated by the appropriate department or program and that any risk of exposure has been identified. For jobs with a potential exposure, a list of tasks or procedures which present a potential occupational exposure to those employees will be prepared. Employees who are reassigned to a different job or the same job in a different environment will have their job responsibilities reviewed to ensure appropriate training is provided. This must be reviewed by the department or program involved on an annual basis.

Supervisors, division chairs and program lead instructors are responsible for monitoring employees' job performance and for ensuring job descriptions match with the tasks that are being performed by employees. Any change in task which will present a change in exposure status while on any of MCCCDCD campuses or their clinical sites will be noted and appropriate training will be provided. Supervisory personnel are also responsible for monitoring employees' training status and their compliance with universal precautions and other risk-reducing policies; being particularly attentive to recognize, act on, and prevent unsafe actions by anyone in their presence. They will ensure that whenever a new position description is prepared, it is reviewed for exposure risks.

All employees share responsibility with and for their co-workers to ensure compliance with the letter, spirit, and intent of MCCCDCD's policies for the prevention of transmission of disease among employees, students, and visitors of MCCCDCD. Therefore, each employee must know how to recognize potential occupational exposure and must communicate changes in their exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

Exposure Classifications are listed in Appendix A, Section F for jobs and tasks presenting a potential risk of exposure. Section G provides a listing of jobs and tasks that normally would not have an exposure risk

unless certain unplanned tasks have to be performed, such as administering first aid or having to do a clean-up.

VI. RECORDKEEPING

Each college within MCCCCD will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens. Each employee's record should contain the following:

1. Employee's name and MEID,
 2. A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form, and
 3. If an exposure occurs, the Program Coordinator will maintain copies of the incident report, the post-exposure follow-up procedures performed, documentation of the route(s) of exposure, the results of the source individual's blood testing, if available, and a copy of the healthcare professional's written opinion.
- A. RECORD MAINTENANCE: An employee's exposure record will be kept confidential and not be disclosed or reported without the individual employee's written consent, except as required by Federal, state, or local laws. An employee's exposure record will be maintained by MCCCCD for not less than thirty (30) years after the employee's termination in accordance with 29 CFR 1910.1020(d)(1)(ii)(*Access to Employee Medical and Exposure Records*).
- B. TRAINING RECORDS: Employee training records will include the following information regarding bloodborne pathogen education:
1. The dates of the training sessions,
 2. The contents or a summary of the training session,
 3. The name(s) and qualifications of the person(s) conducting the employee training,
 4. The names and titles of all persons attending the training sessions,
 5. The training records must be kept for three (3) years or longer as prescribed by MCCCCD record retention policy.

Physical training records will be maintained by the Center for Employee and Organizational Development at MCCCDC and may be accessed through a written request. Electronic training records may be accessed using the Human Resources Information System. MCCCDC will ensure that all records required to be maintained shall be made available upon request to Federal and State officials for examination and copying. Employee training records required to be maintained will be provided upon request for examination and copying to employees and to Federal, State and local officials in accordance with 29 CFR 1910.1020(e)(3)(i) (*Access to Employee Medical and Exposure Records*).

IV. METHODS OF COMPLIANCE

MCCCDC will practice and enforce Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM) (i.e., 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 in situations where it is difficult or impossible to differentiate between body fluids).

1. Blood and body fluid precautions will be used consistently in a setting where the risk of blood exposure is present.
2. All identified employees will use barrier precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially infectious materials is anticipated.
3. Disposable gloves (single use) will always be replaced as soon as practical when visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for reuse.
4. Masks and protective eyewear combination (goggles or glasses with solid side shields), or face-shields which protect all mucous membranes will be worn when performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or other potentially infectious materials.
5. Protective body clothing will be worn when performing procedures likely to generate splashes or splatters of blood or body fluids and in all occupational exposure situations.

6. The Hepatitis B vaccine will be offered and provided free of charge at a convenient time and place to all employees in the jobs determined to have a potential exposure to blood or other infectious body fluids.

7. Hands or other skin surfaces will be washed immediately using a 20-second scrub if contaminated with blood or other body fluids. Hands will also be washed after removing protective gloves.

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

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

A. WORK PRACTICES: MCCCCD recognizes that those employees involved in health sciences are the best possible sources for information about effective engineering and work practice controls to reduce the risk of exposure. Therefore, MCCCCD solicits input from those employees who are so involved on a regular basis. Those employees may be asked to help with the evaluation of this program and to supply input with respect to the most recent advancements in controls to reduce potential for exposure.

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

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

3. Employees will wash hands immediately, or as soon as feasible, after removal of gloves or other PPE. Antiseptic hand cleansers or towelettes, in conjunction with paper towels, will be used if hand-washing facilities are not available.

4. Employees will wash their hands or any other skin for at least 20 seconds; or flush the mucous membranes with water immediately, (if contamination is in the eyes, flush for at least 10-15 minutes) or as soon as possible, following contact with blood or OPIM.

5. The Chancellor has directed that the Maricopa County Community College District serve as a total smoke free and tobacco free environment, effective July 1, 2012. Smoking (including the use of "e-cigs") and all uses of tobacco shall be prohibited from all District owned and leased property and facilities, including but not limited to parking lots, rooftops, courtyards, plazas, entrance and exit ways, vehicles, sidewalks, common areas, grounds, athletic facilities, and libraries.

6. The mucous membranes (eyes, nose, and mouth) will be protected when there is a likelihood of splatter or splashes from blood or body fluids. All procedures involving blood or OPIM will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.

7. In all MCCCDC laboratories, mouth pipetting or suctioning of blood or OPIM is prohibited.

8. Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken, or removed (a mechanical device or a one-handed technique may be used to recap or remove needles). Immediately, or as soon as possible after use, contaminated sharps will be placed in containers which are puncture resistant, leak-resistant, and properly labeled or color-coded. All contaminated glass and hard plastics (intact or broken), which are to be discarded appropriately, will be treated as sharps.

9. Specimens of blood or OPIM will be placed in a designated waste container.

10. Any blood or body fluid related accident (i.e. needle stick, blood or body fluid splatter or splash to the mucous membranes) will be reported immediately to the supervisor.

11. Equipment which has been contaminated with blood or OPIM will be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. Equipment, or portions thereof, which is not decontaminated requires that a warning label be affixed.

B. PERSONAL PROTECTIVE EQUIPMENT: All employees should have access to, become familiar with, and follow PPE policies established by MCCCDC for all colleges, departments on campuses and any off-campus clinical sites in which employees are participating in clinical experiences for students. PPE will be provided, at no cost to the employee, when there is potential for an occupational exposure. A list of protective equipment is included in Appendix A, Section I. An

example of PPE could include the following: Gloves, gowns, laboratory coats, face masks, face-shields or safety glasses, mouthpieces, resuscitation bags, pocket masks, or other ventilation equipment.

1. Necessary PPE in appropriate sizes will be readily accessible in each work area. PPE will be provided at off-campus clinical sites by the supervising facility for college employees involved in patient care activities which may involve exposure. Types of equipment and its location will be determined by the facilities Exposure Control Plan.
2. Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
3. Cleaning, laundering, repair, replacement, or disposal of PPE will be provided at no cost to employee.
4. PPE will be utilized when working with patients and potentially-infectious materials; disposable protective gloves will be used during direct patient care and handling of contaminated disposable waste items.
5. If a garment(s) is penetrated by blood or OPIM, the garment must be removed immediately or as soon as feasible.
6. PPE will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.
7. Utility gloves may be decontaminated for reuse, if the integrity of the glove is not compromised. Check with the manufacturer's recommendations on cleaning of utility gloves. If they can be sterilized, clean them in a 1:10 solution of bleach and examined carefully before reusing. Discard the utility gloves if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration or cannot be sterilized. (The Hu-Friedy Brand is an example of reusable utility gloves and information can be found at www.hufriedycatalog.com.)
8. PPE for on-campus sites will be located in specific places as designated by individual departmental policies/procedures.

C. SHARPS

Sharps are defined as needles, scalpels, or other instruments, or pieces of needles, scalpels or other instruments including hard plastic and glass that is capable of penetrating the skin.

1. Only disposable needles will be used at MCCCCD and whenever applicable, safety needle devices will be purchased.
2. Contaminated sharps will be discarded immediately or as soon as possible in containers which are closable, puncture-resistant, leak-proof on the sides and bottom, and (1) labeled with the international biological hazard symbol and the wording "Biohazard" or (2) red containers.



3. The sharps containers will be easily accessible to personnel and located as close as possible to the areas where sharps are used such as lavatories for employee use.
4. The sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overflow.
5. During replacement or removal from the work area, the sharps containers will be closed to prevent the spillage or protrusion of contents during handling, storage, transport, or shipping. The sharps containers will be placed in a secondary container if leakage is possible.
6. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of a percutaneous (needle puncture of the skin) injury.

D. SPECIMENS

1. Specimens of blood, tissue, or OPIM collected by MCCCCD will be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping.

2. The container will be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol. The container must be closed prior to storage, transport, or shipping.

3. If outside contamination of the primary container occurs, the primary container is to be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded appropriately.

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

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

c. An appropriate spill kit will contain at a minimum: commercial grade liquid solidifier, plastic scoop, spatula, red biohazard bags, exam grade vinyl gloves, disposable arm covers, disposable shoe covers, antiseptic towelettes, disposable towel, disposable face mask (not a respirator) and disinfectant spray (10:1 bleach solution or commercial product).

E. LAUNDRY

1. Employees handling waste and contaminated linen must be trained on bloodborne pathogen exposure control and will wear protective gloves and other appropriate PPE to prevent exposure to blood or OPIM during the handling and sorting of soiled linen and other fabric items.

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

3. Contaminated laundry will be bagged at the location where it was used.

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

5. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
6. Red bags or red containers may be substituted for labels.
7. Contaminated laundry that is wet and presents a reasonable likelihood of soak through or leakage from the bag will be placed in bags or containers which prevent the fluids from the exterior.

F. HOUSEKEEPING

All MCCCCD work areas, common areas, and instructional areas will be maintained in a clean and sanitary condition. A schedule for cleaning and a method of decontamination, based on the location, type of surface, type of soil present, and procedures being performed in each area, has been developed with Maintenance/Custodial Services.

1. All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially-infectious materials.
2. The process of decontamination will be conducted after completion of procedures; when surfaces are overtly contaminated; after the spill of blood or OPIM; and at the end of the work shift, if the surface may have become contaminated since the last cleaning.
3. Only approved disinfectants will be used, such as a 10% solution of sodium hypochlorite (household bleach) (one (1) part bleach to ten (10) parts water) mixed fresh each day; or as listed in Appendix A, Section H.
4. Protective coverings and barriers such as plastic wrap, aluminum foil, or imperviously-backed absorbent materials will be removed at the end of the work shift or whenever they become exposed to blood or OPIM.
5. Any bins, pails, cans or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.

6. Broken glassware must be handled with the aid of a mechanical device (i.e., brush and dustpan, tongs, or forceps). Mechanical devices must be sanitized prior to storage or disposed of.

G. REGULATED WASTE

Regulated waste includes:

1. Liquid or semi-liquid blood;
2. Other potentially-infectious materials that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling;
4. Pathological and microbiological wastes containing blood or other potentially infectious materials; and
5. Specimens of blood or other potentially-infectious materials will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping.
6. For disposal of regulated waste, MCCCCD shall provide containers that are:
 - a. Closable.
 - b. Constructed to contain all contents and prevent leakage of fluids.
 - c. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.
7. The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.
8. If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container.
9. Containers for regulated waste shall be placed in every appropriate laboratory and classroom.

10. Immediately after use, or as soon as feasible, disposable sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak proof on the sides and bottom and that are labeled with a "biohazard" symbol or color-coded in red. A commercial sharps container is acceptable.

11. Any regulated waste is picked-up and transported by an MCCCCD approved contractor.

H. COMMUNICATING BLOODBORNE PATHOGEN (BBP) HAZARDS

Florescent orange or orange-red labels with letters in a contrasting color will be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers that will be used to store, transport, or ship blood or OPIM. All such labels must have the universal biohazard symbol. MCCCCD will train employees annually or more often when necessary and this training will include information about the hazards of bloodborne pathogens, recognition of potential hazards, the standard as it applies, and other items as required by 29 CFR 1910.1030 (Bloodborne Pathogen Standard) and 1910.1200 (Hazard Communication Standard).

I. BLOOD SPILLS

All MCCCCD employees and students are encouraged to avoid blood spills and OPIM. Clean-up of these materials is to be routinely handled by the Maintenance/Custodial staff.

V. HEPATITIS AND HEPATITIS B VACCINE

A. INFORMATION ON HEPATITIS

Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Many people with Hepatitis B recover completely, but approximately 10% become chronic carriers; one to two percent (1-2%) dies from fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis, and liver failure). There is also an association between the Hepatitis B virus and hepatoma (a form of liver cancer). Hepatitis B virus can be transmitted by contact with body fluids including blood (along with contaminated needles), semen, breast milk, and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B due to frequent contact with blood or potentially contaminated body fluids and, therefore, the vaccine is recommended to prevent the illness.

B. INFORMATION ON HEPATITIS B VACCINE

1. Three (3) doses of Hepatitis B vaccine are needed to confer protection. Clinical studies have shown that after three (3) doses, ninety-six percent (96%) of healthy adults have been protected. Doses are administered at zero (0), one (1), and six (6) months.
2. All MCCCDC employees with risk of occupational exposure will be provided, at no cost to them, the Hepatitis B vaccine and vaccination series, as well as post-exposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.
3. Protocol for the above procedures will be performed under the supervision of a licensed physician or by another licensed healthcare professional.
4. The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 (Bloodborne Pathogens Standard) if they do not have one.
5. The Hepatitis B vaccination will be available to employees within ten (10) working days of initial assignment involving potential exposure and after they have received training on the required subjects.
6. The Hepatitis B vaccine and any future booster(s) recommended by OSHA will be available to employees who have an occupational exposure, unless they have previously received the complete Hepatitis B vaccination series and antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.
7. A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination.
8. An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date if they continue to have occupational exposure.
9. Employees who decline to accept the Hepatitis B vaccination will be required to sign the declination statement (Appendix B).
10. All MCCCDC employees may go to Concentra Medical Centers to receive pre and post exposure vaccinations, titer checks and booster vaccinations at no cost to them. See Appendix D for a map of Concentra Medical Centers within Maricopa County. *(NOTE: If this specific provider changes, a notice of revision will be sent to all employees via email by the District Occupational Health and Safety Manager).*

VI. POST-EXPOSURE

IMMEDIATELY TAKE THE FOLLOWING STEPS:

1. Immediately take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub for a minimum of five (5) minutes.
2. Report the incident to the appropriate persons (e.g., supervisor, program director, or department head) IMMEDIATELY.
3. If the source employee is known and present, inform the employee of the incident and the need for him/her to be tested. Testing of the source employee must be done at no cost to him/her. If the source employee is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need to be tested.
4. If the source employee refuses to be tested or does not report for testing within a reasonable time, the source employee's physician should be contacted; or if the physician is not known, contact the Maricopa County Health Department at (602) 506-6767. The Health Department will then take appropriate action.
5. Ensure a Supervisor's Report of Injury Form is completed (Appendix C). Additional information may be needed if the source employee is known. It will be necessary to report the incident to the Claims Manager within twenty-four (24) hours so the worker's compensation process can begin.
6. Arrangements for a confidential medical consultation and follow-up are made at no cost to the employee, and at a convenient time and location. MCCCCD medical provider information is listed in Appendix A, Section, J.
7. MCCCCD will provide documentation detailing the route(s) of exposure, the circumstances under which the exposure incident occurred, and the identity of the source individual, unless such identification is not feasible or is prohibited by state or local law (recorded on Supervisor's Report of Injury Form, Appendix C).
8. If known, the source individual's blood will be tested by a physician for HBV and HIV as soon as feasible, within forty-eight (48) hours; however,

9. If the source individual is already known to be infected with HBV or HIV, testing need not be repeated.
10. Whether the source individual's blood tests are done as a result of the exposure incident or previous testing has revealed the source individual to be infected with HBV or HIV, the results of the source individual's blood tests will be given to the exposed employee.
11. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual at the time the source individual's testing results are given to the employee.
12. If the source individual cannot be identified, the exposed employee's blood will be tested for HBV and HIV infectivity as soon as feasible within forty-eight (48) hours and with consent.
13. If the exposed employee consents to baseline collection of blood, but refuses HIV testing, the laboratory is instructed to preserve the sample for ninety (90) days. (If, the employee elects to have the sample tested during this time period, this shall be done.)
14. If all tests on the source person and the exposed employee are negative, and the exposed employee has an adequate Hepatitis B immunity response, there will not be a need for further testing. Each case will be evaluated individually and test results reviewed. If the source person is positive for Hepatitis B or HIV at six (6) weeks, twelve (12) weeks, and six (6) months after exposure, the employee must give consent for re-testing on each occasion.
15. Follow-up of the exposed employee will include counseling, medical evaluation of any acute febrile illness that occurs within twelve (12) weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practices.
16. Following an exposure incident, MCCCCD will provide the healthcare professional with the following information if the employee chooses to be treated by their personal physician:
 - a. A copy of the standard (29 CFR 1910.1030) if they do not have one.
 - b. A description of the exposed employee's duties as they relate to the exposure incident.

- c. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
- d. Results of the source individual's HIV and HBV testing if available.
- e. All records relevant to the appropriate treatment of the employee, including his/her vaccination status.

17. An evaluation of the employee's work practices and protective equipment or clothing used at the time of the incident must be made by the Department Head in coordination with the Director of Facilities and changes made as indicated.

18. MCCCDC will provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of completion of the medical evaluation.

VII. TRAINING

A. TRAINING REQUIREMENTS

1. Training will be provided for employees who are at risk for occupational exposure to blood or other potentially infectious materials and hazardous chemicals.
2. All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.
3. Training sessions for employees will be scheduled:
 - a. At the time of initial assignment to tasks involving occupational exposure.
 - b. Whenever tasks or procedures change which affect an employee's occupational exposure.
 - c. When required due to unusual circumstances.
 - d. Annual training for all employees shall be provided within one (1) calendar year of their previous training and shall be delivered either in a classroom setting or on-line.

4. MCCCCD shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the exposure(s) created.
5. General awareness training of bloodborne pathogen hazards will be provided to all other employees not previously mentioned within ninety (90) calendar days of their initial employment.
6. Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

B. CONTENT OF TRAINING SESSIONS

1. Per 29 CFR 1910.1030, the training program shall contain, at a minimum, the following elements:
 - a. An accessible copy of the regulatory text of the Standard and an explanation of its contents.
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of MCCCCD's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially-infectious materials.
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment and how to gain access to it.

- i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially-infectious materials.
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- m. An explanation of the signs, labels, and/or color-coding required by the Standard.

APPENDIX A

MCCCD

BBP ECP General Information

(Specifically for XX Community College)

XX Community College Bloodborne Pathogen Exposure Control Plan-General Information

A. Program Coordinator: (Title of Assigned Individual, i.e. Director of Facilities)

- Name:
- Office Phone:
- Fax:
- Email:

B. A Copy of the Exposure Control Plan is located in the following areas:

- Program Coordinator’s Office:
- Human Resource Manager’s Office:
- Vice President of Administrative Services Office:
- College Web Page link (please include link):
- Other:

C. Training Records are maintained by:

- Center for Employee and Organizational Development (CEOD)
- Electronic Copies are available through the Human Resources Management System (HRMS)
- Hard copies are available upon written request to the CEOD

D. Exposure Records are maintained by:

- District Claims Manager(?)
- Human Resource Solutions Center(?)

E. Employees in the following areas have been identified as having a potential risk to blood or other infectious body fluids:

<u>Employee Title:</u>	<u>Task:</u>	<u>Risk Level:</u>	<u>PPE:</u> (Minimum Recommended)
Public Safety or other first on scene employee.	Rendering first aid including CPR/AED.	High; unknown level of exposure with urgency	Gloves (latex/neoprene), eyewear and mask.
Nursing/Dental Clinical/Lab Instructor	Activities common in off-campus settings.	Medium; unknown level of exposure but no urgent acts.	Gloves (latex/neoprene), eyewear, mask and gown.

Phlebotomy Instructor	Clinical activities in both on and off campus settings.	Medium; unknown level of exposure but no urgent acts.	Gloves (latex/neoprene), eyewear and mask.
Biology Instructor	Laboratory activities on campus	Low; little to no contact with vectors.	Gloves (latex/neoprene) and eyewear.
Taxidermy Instructor	Activities involving sharps on campus.	Low, little to no contact with vectors.	Gloves (latex/neoprene) and eyewear.
EMS Instructor	Activities common in off-campus settings.		
Maintenance/Custodial	Post incident cleaning of area.	Medium; unknown level of exposure but no urgent acts.	Gloves (latex/neoprene), eyewear, face shield, mask, arm and shoe covers, gown or apron.

APPENDIX B

MCCCD

Hepatitis B Vaccine Declination Form



Hepatitis B Vaccine Declination Form

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 at no charge to myself.

Signature of employee: _____

Date: _____

Date of previous vaccination, if any: _____

Through what organization: _____

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APPENDIX C

MCCCD

Supervisor's Report of Injury Form

**REPORT OF INDUSTRIAL INJURY
MCCCD Employee & Supervisor**

Employee's Information

Employee Name: Last, First, M.I.: _____		Employee ID# _____
Job Title: _____	Campus: Select One	
Department Name: _____	Department I.D.# _____	
Employee's Phone #: _____	Supervisor Name: _____	
Work Schedule:		
Shift Begins at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Shift Ends at: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Select days in work schedule:		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

Injury/Accident

Date of Accident: _____	Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Date Accident was Reported: _____	Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Medical Attention: Select One	If, yes where: Select One		
Address where the accident occurred: _____			
Number & Street	City	State	Zip Code
Location where the accident occurred: Select One		Building/Department: _____	
How did the accident occur? _____			
What object and/or substance harmed the employee: _____			
Part of body affected: _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Laceration <input type="checkbox"/> Scrape <input type="checkbox"/> Bruising			
<input type="checkbox"/> Broken bone(s) <input type="checkbox"/> No Visible signs of injury but has pain <input type="checkbox"/> Other: _____			
Part of body affected: _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Laceration <input type="checkbox"/> Scrape <input type="checkbox"/> Bruising			
<input type="checkbox"/> Broken bone(s) <input type="checkbox"/> No Visible signs of injury but has pain <input type="checkbox"/> Other: _____			
What was the employee doing just before the accident occurred: <u>Select One</u>			
Description of job duties being performed: _____			
Other: _____			
Was any other person(s) affected by this accident: <u>Select One</u>			
If, yes please complete the following: Name(s), employee ID, and Contact phone number: _____			