



SAFETY DEPARTMENT DESKTOP PROCEDURE

SECTION TITLE	NUMBER	PAGE
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		1 OF 23
BASED ON BOARD OF TRUSTEES' RULE AND TITLE		DATE ADOPTED
6Hx7-6.2 Safety and Traffic Control		4/21/2009

Exposure Control Plan

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	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		2 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
	6Hx7-6.2 Safety and Traffic Control	4/21/2009	

Table of Contents

I.	Introduction	3
II.	Definitions	3
III.	Exposure Determination	8
IV.	Hepatitis B Vaccination	9
V.	Compliance Methods	11
VI.	Engineering and Work Practice Controls	11
VII.	Personal Protective Equipment	13
VIII.	Housekeeping	13
IX.	Regulated Waste Disposal	14
	a. Point of Origin	
	b. Containers	
	c. Labeling	
	d. Storage	
	e. Transfer	
X.	Contingency Plan	16
	a. Spills or Leaks	
	b. Exposure Incident	
XI.	Training	18
XII.	OSHA Medical Records	20
	Appendix A - Hepatitis B Vaccination Declination Form	22
	Appendix B - Bloodborne Pathogen Training Completion Form ..	23

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		3 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

I. Introduction

The Florida State College at Jacksonville ("College") Exposure Control Plan ("ECP") is designed to protect its employees from potential occupational exposure to the Hepatitis B Virus ("HBV"), the Human Immunodeficiency Virus ("HIV"), and other Bloodborne Pathogens. This ECP complies with Occupational Safety and Health Administration ("OSHA") Bloodborne Pathogens Exposure Control Plan Standard 29 CFR 1910.1030. Compliance with this ECP is a condition of employment for identified employees.


Administrators and managers are responsible for ensuring compliance with this ECP for their respective areas. Each department with employees covered by these guidelines shall develop and document in writing departmental specific plans that include infection control methods and personal protective equipment requirements. Department plans shall cover the specific needs of each type of potential exposure to employees in the department. A copy of each department's plan and any subsequent revisions shall be submitted to the Environmental Safety and Health Coordinator.

The Occupational Health and Safety Process Team ("OHSPT") shall review and update this ECP not less than annually. The review and update will reflect changes in technology that eliminate or reduce exposure to Bloodborne Pathogens. Non-managerial employees who have potential occupational exposure to injuries from contaminated sharps shall be consulted in the identification, evaluation, recommendation, and selection of effective engineering and work practice controls. The Human Resources Department will review the ECP annually to reflect new or revised employee positions with potential occupational exposure.

II. Definitions

Blood

Human blood, human blood components, and products made from human blood. The term *human blood components* include plasma, platelets, and serosanguineous fluids (e.g., exudates from wounds). Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		4 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

Bloodborne Pathogens

Microorganisms that are present in human blood that can cause disease in humans. Examples of these pathogens include HBV, HIV or any pathogenic microorganism that is present in human blood or other potentially infectious materials and can infect and cause disease in persons who are exposed to blood containing the pathogen. Pathogenic microorganisms can also cause diseases such as hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever.

Contaminated

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

Contaminated Sharps

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

Decontamination


The use of physical or chemical means to remove, inactivate, or destroy Bloodborne Pathogens on the surface of items to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. (1/4 cup of bleach per gallon of tap water)

Disinfectants/Antiseptics

Disinfectants are agents that inactivate viruses, bacteria, and fungi on surfaces. Antiseptics are chemical germicides formulated for use on skin or tissue.

Engineering Controls

Means controls that isolate or remove the Bloodborne Pathogens hazard from the

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		5 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

workplace. Examples include safer medical devices, such as sharps with engineered sharp injury protection and needleless systems. These two terms were further defined in the revision to 1910.1030 mandated by the Needlestick Safety and Prevention Act.

Exposure Incident

A specific eye, mouth, other mucous membrane, non-intact skin, or puncture of skin contact with blood or other potentially infectious materials that result from an employee performing his/her duties. *Non-intact skin* includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.

Hand Washing Facilities

Locations that provide an adequate supply of running potable water, soap, and single-use towels or hot-air drying machines.

HBV


Hepatitis B Virus - An occupationally transmitted virus by needles contaminated with infective blood or blood derivatives. An estimated 12,000 healthcare workers are infected each year with HBV, and 200 die from the infection. Vaccination is an effective way to prevent contraction of HBV.

HIV

Human Immunodeficiency Virus - HIV causes AIDS. While the risk of contracting HIV through work-related exposure is considerably lower than the risk of contracting HBV, wearing appropriate personal protective equipment and following Universal Precautions is an effective way to reduce exposure to all bloodborne infections. HIV can be occupationally transmitted when the skin or mucous membranes are pierced through needle sticks, human bites, cuts, and abrasions.

Needleless Systems

A device that does not use needles for: (1) the collection of bodily fluids or

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		6 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		


withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to Bloodborne Pathogens due to percutaneous injuries from contaminated sharps. "Needleless Systems" provide an alternative to needles for the specified procedures, thereby reducing the risk of percutaneous injury involving contaminated sharps. Examples of needleless systems include, but are not limited to, intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a blunt cannula or other non-needle connection, and jet injection systems that deliver subcutaneous or intramuscular injections of liquid medication through the skin without use of a needle.

Occupational Exposure

Reasonably anticipated skin, eye, mucus membrane, or puncture contact with blood or other potentially infectious materials that may result from employees performing their duties. *Reasonably anticipated contact* includes, among others, contact with blood or other potentially infectious Materials (including regulated waste) as well as incidents of needle sticks.

OPIM

Other Potentially Infectious Materials ("OPIM") - The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood. Any unfixed tissue or organ (other than intact skin) from a human (living or dead). Coverage under this definition also extends to blood and tissues of experimental animals that are infected with HIV or HBV.

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		7 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

Parenteral

This definition includes human bites that break the skin, which are most likely to occur in violent situations such as may be encountered by prison and law enforcement personnel and in emergency rooms or psychiatric wards.

Personal Protection


Specialized clothing or equipment worn by an employee to protect against hazards. (latex or hypo allergic gloves, mask, body gown, etc.)

Regulated Waste

Liquid or semi-liquid blood or OPIMs; contaminated items that would release blood or OPIMs in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIMs and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIMs.

SESIPS

Sharps with Engineered Sharps Injury Protection ("SESIPS") are defined as "a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident." This term encompasses a broad array of devices that make injury involving a contaminated sharp less likely. They include, but are not limited to: syringes with guards or sliding sheaths that shield the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters used to access the bloodstream for intravenous administration of medication or fluids; intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering, blunt suture needles; and plastic (instead of

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		8 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

glass) capillary tubes.

Source Individual

Any individual, living or dead, whose blood or OPIMs may be a source of occupational exposure to the employee.

Sterilize

To use physical or chemical procedures to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions

An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and/or other blood borne pathogens. The Center for Disease Control recently recommended a name change to Standard Precautions. Currently, the terms are used interchangeably.

Work Practice Controls


Mandated procedures or policies that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., by prohibiting recapping of needles using a two-handed technique).

III. Exposure Determination

This ECP covers College employees with potential occupational exposure - the reasonably anticipated skin, eye, mucus membrane, or puncture contact with blood or OPIM that may result from employees performing their duties. Two lists of College position classifications and their related tasks and procedures have been compiled. Level I identifies positions in which all employees have potential occupational exposure to blood. Level II identifies positions in which some employees have potential occupational exposure. Staff excludes positions performing only secretarial or other administrative functions.

A. Level I

1. Asst. Supervisor of Plant Service Workers
2. Coach and Assistant Coach
3. Director of Athletics and Physical Education
4. Campus Security Officer in Charge
5. Cook

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		9 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

6. Cosmetology and Nail Technology Instructor
7. Culinary Arts Instructor and Food Service Staff
8. Dental Assisting and Hygiene Instructor
9. Funeral Program Director, Instructor, and Staff
10. Maintenance Site Manager
11. Medical Assisting Instructor and Staff
12. Medical Lab Instructor and Staff
13. Nursing and Nursing Related Instructor
14. Plant Service Worker and Senior Plant Service Worker
15. Respiratory Care Instructor and Staff
16. Security Officer I, II, and Senior
17. Sr. Supervisor of Campus Plant
18. Supervisor of Plant Service Worker
19. Surgical Technology Instructor

Associated Tasks for These Categories


1. Direct patient care and laboratory procedures in clinical facilities in the teaching of health science clinical courses.
2. Accidental needle sticks involving manikins in College health science laboratories.
3. Responding to campus incidents or accidents that involve blood or other body fluids.
4. Clean up or repairs, which would involve contact with blood or other body fluids.

B. Level II

1. Allied Health Faculty and Staff (not otherwise identified in Level I)
2. Natural Science Lab Instructor and Staff
3. Trades Worker I, II, and III
4. Fire Program Instructor and Staff
5. Environmental Safety/Health Coordinator
6. Journeyman
7. Military Program Instructor and Staff
8. Police Recruit Training and Corrections Instructor
9. EMT/Paramedic Instructor
10. Theater Tech. Program Instructor and Staff

IV. Hepatitis B Vaccination

The vaccine for Hepatitis B shall be offered during working hours and at no cost to all Level I employees and those Level II

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		10 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		


employees identified by the employee's supervisor as being at-risk for potential occupational exposure. Vaccination shall be made available after the employee has received the training required by the OSHA Bloodborne Pathogens Exposure Control Plan Standard, as described in paragraph XI below, and within 10 working days of initial job assignment. The employee has the right to accept or decline the HBV vaccination. Employees who decline the HBV vaccine can receive it at a later date. If the employee desires to be tested for HBV antibodies prior to deciding to receive immunization, the testing will be made available at no cost to the employee.

The College has made arrangements for Hepatitis B screenings. Therefore, an employee may receive the initial three shot series of antibody injection or, for those who have had the initial three shot series, blood work screening to determine if the antibody levels are still adequate. The initial three shot series is provided for first time inoculants and for those who received the initial three shot series more than seven years previously. The blood work screening is provided to those who received the initial three shot series within the last seven years. Participation in prescreening is not a prerequisite for receiving the Hepatitis B vaccination.

Vaccine refusal shall be documented by the employee signing the Hepatitis B Vaccine Declination statement, attached hereto as Appendix A. The signed statement shall be sent to Human Resources to be maintained in the employee's OSHA medical record. It is recommended that the form be signed immediately upon completion of initial training. Refusal of the vaccine is not final and the employee may request vaccination at any future time.

For those employees desiring the Hepatitis B vaccination, supervisors shall arrange vaccinations and screening by forwarding the names, including if and when the employee received his/her initial antibody injection, to the Employment Manager in the College's Human Resource Department.

If the U.S. Public Health Service later recommends a routine booster dose of HB vaccine, such booster dose must then be made available to the employee at no cost and in a reasonable time and place.

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		11 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		


V. Compliance Methods

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where potential occupational exposure remains after institution of these controls, personal protection equipment shall also be utilized. All blood or OPIM will be considered infectious. College employees shall comply with the following:

- A. Gloves (preferably disposable latex or non allergenic) must be worn when coming in contact with blood or body fluids.
- B. Masks must be worn when there is a possibility of a splash of blood or body fluids to the face. Protective one-way valve mouth barriers shall be used when performing emergency rescue breathing.
- C. Goggles or face shields must be worn when there is a possibility of a splash of blood or body fluids to the face and eyes.
- D. Disposable impermeable gowns or aprons must be worn when there is a high risk or potential of exposure to blood or body fluids.
- E. Hands must be thoroughly washed with soap and water immediately or as soon as feasible following removal of gloves.
- F. Any body part coming accidentally in contact with blood or body fluids must be immediately and thoroughly flushed with water then washed with soap and water.
- G. Needles shall not be recapped, bent or broken off. Needles and syringes shall be placed into puncture-resistant red sharps containers located in or transported to and from the used area.

VI. Engineering and Work Practice Controls


Procedures and technological developments that eliminate or reduce exposure to Bloodborne Pathogens will be reviewed annually. Non-managerial employees will be solicited for their input regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Work practice controls such as hand washing and the appropriate handling of contaminated needles and other sharps shall be used.

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		12 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

Universal precautions and additional practices that must be observed are:

- A. Eating and drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
- B. Food and drink must not be kept in the same refrigerators, freezers, shelves, cabinets or on countertops or bench tops when blood or OPIMs are present.
- C. All procedures involving blood or OPIMs shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- D. Mouth pipetting and suctioning of blood is prohibited.
- E. Specimens of blood or OPIMs must be placed in an appropriate container that prevents leakage during collection, handling, processing, storage, transport or shipping. The container for storage, transport or shipping shall be labeled bio-hazard with the name of the College, address, and date.
- F. If outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage. A labeled or color coded container is required as noted above.
- G. If an employee must use an antiseptic hand-cleanser or towelette in place of hand-washing, hands shall be washed with soap and water as soon as feasible.
- H. If blood or OPIM penetrates a garment, the contaminated garment shall be removed immediately or as soon as feasible. The body part shall be thoroughly flushed with water and scrubbed with soap and water.
- I. Contaminated garments, shall be immediately, upon removal, placed in a designated area or container for storage, washing, decontamination or bio-hazardous disposal.

Supervisors shall ensure that all of the above measures are implemented in the programs where there may be reasonably anticipated exposure incidents. Additionally, supervisors shall

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		13 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

implement other measures specifically appropriate for their particular work area.

VII. Personal Protective Equipment

Personal protective equipment must be made available and used, as circumstances indicate, by employees in designated Level I and Level II positions determined as having potential occupational exposure.

Personal protective equipment is defined as specialized clothing or equipment worn by an employee for protection against a hazard. Some examples of personal protective equipment are disposable latex or hypo allergic gloves, facemasks, lab coats, face shields, goggles, and mouth barriers for CPR, aprons or other protective covering.

Employees having potential occupational exposure in Level I and Level II positions must use appropriate personal protective equipment when indicated. This equipment shall be provided free of charge by the College and shall be readily available at the job site and accessible at all times. No affected employee shall knowingly risk exposure to blood or infected materials by failing to use the personal protective equipment provided.


Program and department supervisors shall ensure that necessary personal protective equipment is available and accessible in the work place where potential use may be necessary.

VIII. Housekeeping

Supervisors shall ensure the proper method of decontamination is used for cleaning following spills or contact with blood or OPIM. All spills shall be contained and cleaned up by staff that are properly trained and equipped to clean contaminated areas.

All bins, pails, cans, and similar receptacles intended for reuse which have likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and immediately upon visible contamination.

Broken glassware that may be contaminated shall not be picked up directly by hand. Use a dust pan and brush, cardboard or tongs. Do not use a vacuum cleaner. Broken glass must be put in a sharps container. Do not put in a plastic bag.

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		14 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

IX. Regulated Waste Disposal

A. Point of Origin

The *point of origin* is the room or area where a bandage, sponge or other object becomes contaminated with body fluids or blood.

Biomedical waste shall be identified and segregated from other solid waste at the point of origin within the facility involved.

When a sharp is used in a treatment room, it must be disposed of in an approved sharps container that is leak resistant, rigid and puncture resistant and designed primarily for sharps. It must be clearly marked with a biomedical symbol and labeled biomedical waste. A non-sharp biomedical waste article must be bagged in the treatment room, in an approved biomedical waste bag, sealed and taken to the area where the biomedical waste is stored prior to its disposal.


All contaminated sharps will be treated as biomedical waste. Sharps found on College property may be turned in to Security for placement in sharp container.

B. Containers

Biomedical waste bags must be impermeable, red, polyethylene plastic bags. Biomedical waste bags shall have the physical properties as listed in State of Florida Administrative Code Chapter 64E-16, Biomedical Waste.

Sharps containers must be approved and meet with the standards of the Department of Transportation.

When moving containers of contaminated material from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or disposal; or placed in a secondary container if leakage is possible. The secondary container shall be closeable; constructed to contain all contents and prevent leakage during handling, storage, transport, or disposal; and labeled or color-coded. Packages of biomedical waste shall remain intact until treatment or disposal. There shall be neither recycling efforts nor intentional removal of waste from its packaging prior to the

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		15 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

waste being treated or disposed of by a licensed disposal contractor.

Persons loading or unloading bags and packages of biomedical waste from transfer vehicles shall wear impermeable gloves and protective clothing.

Bagged biomedical waste being prepared for transport prior to final treatment or disposal shall be enclosed in a rigid-type container.

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and State of Florida Administrative Code Chapter 64E-16, Biomedical Waste.

C. Labeling


All bags containing biomedical waste and sharps containers shall be labeled as required by State of Florida Administrative Code Chapter 64E-16, Biomedical Waste. The label shall be securely attached or permanently printed on each bag and outer layer of packaging, be clearly legible and easily readable. The lab manager or designee shall include the following information on the label: *campus name, address, date the waste was generated or packaged* and the international biohazardous waste symbol in red, orange or black on contrasting background.

D. Storage

All storage of biomedical waste shall be in a designated area away from general traffic flow and accessible only to authorized personnel. Storage of biomedical waste shall not be for a period greater than 30 calendar days. The 30-day period shall commence when the *first item* is placed into a red bag or in the case of an approved sharps container, when it is full. All areas primarily used for the storage of biomedical waste, other than the point of origin, shall be constructed of smooth, easily cleanable materials that are impervious to liquids and capable of being readily maintained in a sanitary condition. Vermin and insects shall be excluded from such areas.

E. Transfer

Packages of biomedical waste shall remain intact until treatment or disposal. There shall be neither recycling

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		16 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

efforts nor intentional removal of waste from its packaging prior to the waste being treated or disposed. Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging. Packages of biomedical waste shall not be compacted or subjected to mechanical stress that will compromise the integrity of the package during transfer. Persons transferring biomedical waste shall wear impermeable gloves and protective clothing. This protective clothing will be a laboratory coat and protective eyewear.

Biomedical waste at all College campuses and centers shall be collected in a rigid type container by an approved biomedical waste contractor who has been licensed and trained in the handling and transporting of these wastes.

Each generating campus or center will maintain on file receipts documenting the transfer of biomedical waste to a licensed vendor with copies forwarded within 10 days to the Safety Department. Records will be kept for a minimum of three years.


X. Contingency Plan

A. Spills or Leaks

Spills or leaks of biomedical waste shall be cleaned with a solution of industrial strength detergent to remove visible soil and shall be disinfected by rinsing for at least 3 minutes with one of the following chemical disinfectants at the minimum concentration listed:

- Hypo chlorite (bleach) solution containing 100 parts per million available free chlorine (1:10 bleach solution);
- Iodine solution containing 25 parts per million available iodine;
- Chemical germicides that are registered by the EPA as hospital disinfectants and are tuberculocidal when used at recommended dilutions.

Should a leak or spill of biomedical waste occur, contact the Campus Security Office to complete an Incident Report and notify the Environmental Safety and Health Coordinator.

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		17 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		


B. Exposure Incident

An Exposure Incident means an eye, mouth, nostril or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. Examples of Exposure Incidents are:

- Eye, mouth or nostril splash;
- Cut or piercing of skin, eye, or other mucous membrane with potentially or contaminated broken glass, razor, scissors, knife or other sharps;
- Human bites;
- Needle sticks;
- Blood or body fluid contamination of non-intact skin or other open wound including dermatitis, abraded skin, chapped skin.

Immediately following an employee's exposure incident to blood or body fluids:


1. Ensure the immediate first-aid needs are met for the source individual and exposed employee. Following an exposure incident involving the eyes, mucous membrane, or skin, also take the following action steps:
 - Remove bloody or contaminated clothing and place in leak proof plastic bag or container. Double bag if the outer part of the initial bag gets contaminated on the outside;
 - Flush eye(s) or other mucous membrane(s) with running water for 15 minutes or more if splashed;
 - Flush contaminated skin or skin wounds thoroughly and then wash thoroughly with soap and water.
2. Report the incident immediately or as soon as feasible to the employee's supervisor or designee.
3. If a College employee, complete a Workers' Compensation First Report of Injury Report, and fax or deliver the report to Risk Management in accordance with Workers' Compensation Procedures. The First Report of Injury should include a description of the route of exposure and circumstances under which the exposure incident occurred.

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		18 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		


4. The source individual, or the infeasibility of identifying the source individual, shall be documented on the First Report of Injury. The employee's supervisor shall request consent from the source individual to test for HBV and HIV infectivity. The source individual's blood shall be tested as soon as feasible after consent is obtained. The patient may receive testing from their own physician or the supervisor shall contact Risk Management to schedule an appointment.

XI. Training

- A. Employees shall not conduct activities with potential occupational exposure until properly trained. All Level I and Level II employees with potential occupational exposure shall be trained by their department at no cost to the employee and during working hours. (Note: Initial training must be completed before the employee is offered the Hepatitis B vaccination, which is required within 10 days of an initial assignment with potential occupational exposure - see paragraph IV above). Training shall occur:
 1. At the time of initial assignment to tasks where potential occupational exposure may take place,
 2. At least annually within one year of their previous training, and
 3. As modification of tasks or procedures affect the employee's potential occupational exposure.
- B. 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 specific work area that the training will address. Each campus shall ensure it has not less than 2 trainers knowledgeable in the subject matter. The College's Safety Department shall make available at least one training session each year for campus designated instructors.
- C. The training program shall contain at a minimum the following elements:
 1. An accessible copy of Bloodborne Pathogens Exposure Control Plan Standard (29 CRF 1910.1030) and an explanation of its contents;

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		19 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of Bloodborne Pathogens;
4. An explanation of the this ECP and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. 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;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. 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;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		20 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		


13. An explanation of the signs and labels and/or color coding; and
 14. An opportunity for interactive questions and answers with the person conducting the training session.
- C. Training records shall be maintained for 3 years from the date on which the training occurred and shall include the following information:
1. The dates of the training sessions;
 2. The contents or a summary of the training sessions;
 3. The names and qualifications of persons conducting the training; and
 4. The names and job titles of all persons attending the training sessions.

The training completion form attached as Appendix B shall be used to document each training session. The completed forms shall be delivered to the Human Resource Department to be maintained in the employees' personnel files.

XIII. OSHA Medical Record

The Human Resources Department shall establish and maintain an accurate record for each employee with potential occupational exposure, in accordance with OSHA Bloodborne Pathogens Exposure Control Plan Standard 29 CFR 1910. 1030 ("Standard") and maintained in accordance with 29 CFR 1910.1020. This record shall include:

- A. The name and social security number of the employee;
- B. A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by the Standard;
- C. A copy of all results of examinations, medical testing, and follow-up procedures as required by the Standard and provided by the College's Workers' Compensation ("WC") provider;

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		21 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		


D. The employer's copy of the healthcare professional's written opinion as required by the Standard and provided by the College's WC provider; and

E. A copy of the information provided to the healthcare professional as required by the Standard and provided by the employee's department, Risk Management, or the College's WC provider.

Employee medical records shall be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by OSHA standards, including 29 CFR 1910.1020, or as may otherwise be required by law. The OSHA required medical records shall be retained for the duration of employment plus 30 years.

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	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		22 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

**APPENDIX A:
HEPATITIS B VACCINATION 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 series at no charge to me.

Employee Name (print)


Employee Signature Date

Supervisor or Witness Signature Date

Department Name, Location (campus, building, room #), and Phone Number

I choose not to receive the Hepatitis B vaccine as I have already completed the vaccination series.

Deliver to Human Resources
FLORIDA STATE COLLEGE AT JACKSONVILLE

	SAFETY DEPARTMENT DESKTOP PROCEDURE		
	SECTION TITLE	NUMBER	PAGE
	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN		23 OF 23
	BASED ON BOARD OF TRUSTEES' RULE AND TITLE	DATE ADOPTED	
6Hx7-6.2 Safety and Traffic Control	4/21/2009		

**APPENDIX B:
BLOODBORNE PATHOGEN TRAINING COMPLETION FORM**

Bloodborne Pathogen training was conducted on _____. The following elements were included in the training:

1. An accessible copy of Bloodborne Pathogens Exposure Control Plan Standard (29 CFR 1910. 1030), hereafter 'ECP', and an explanation of its contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of Bloodborne Pathogens;
4. An explanation of the this ECP and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve potential exposure to blood and Other Potentially Infectious Materials (OPIM);
6. 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;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. 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;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding; and
14. An opportunity for interactive questions and answers with the person conducting the training session.

Employee Name and Title(print)

Employee Signature

Date

Instructor Name and Title(print)

Instructor Signature

Date

Department Name, Location (campus, building, room #), and Phone Number