



**Montclair State
University**

EXPOSURE CONTROL PLAN
Bloodborne Pathogens Standard

29 CFR Part 1910 & 1030

Intercollegiate Athletics
New Jersey School of Conservation
Physical Plant Department
University Police
University Wellness

Contact

Office of Environmental Health & Safety
for a copy of the following individual plans

CONTENTS

Introduction	2
Policy	2 & 3
Instructions	3
Program Administration	4
Employee Exposure Determination	4 & 5
Effective Dates of NJ PEOSH Bloodborne Pathogen Standard	5
Exposure Control Plan	6
Engineering Controls	7 & 8
Personal Protective Equipment	8, 9 & 10
Training	10 & 11
Hepatitis B Vaccination	11 & 12
Post Exposure Evaluation	12 & 13
Health Care Professionals	13
Housekeeping	13 & 14
Recordkeeping	14 & 15
Medical Records	
Training Records	
First Air Providers	16

INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated that more than 5.6 million workers in healthcare and public safety occupations could be potentially exposed. In recognition of these potential hazards, the New Jersey Public Employees Occupational Safety and Health Act has adopted the Occupational Safety and Health Administration (OSHA) regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR 1910.1030)] to help protect New Jersey public workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV and HBV and other bloodborne pathogens. (This includes Hepatitis C). Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of *Montclair State University's (MSU)* goals is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

POLICY

Montclair State University (MSU) is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with NJ PEOSH Bloodborne Pathogens Standard.

The ECP is a key document to assist *MSU* in implementing and ensuring compliance with the standard, thereby, protecting our employees. This ECP includes:

- I. Employee exposure determination,
- II. The procedures for evaluating the circumstances surrounding an exposure incident,
and

The schedule and method for implementing the specific sections of the standard, including:

- Methods of compliance
- Hepatitis B vaccination and post-exposure follow-up
- Training and communication of hazards to employees
- Recordkeeping

INSTRUCTIONS

The *MSU* Exposure Control Plan is in compliance with the bloodborne Pathogens Standard, OSHA, 29 Code Federal Regulation, 1910.1030, and the NJ PEOSH adoption NJAC 12:100-4.2. A central component of the Standard is the development of an Exposure Control Plan (ECP) tailored to the individual worksite.

The plan includes the following elements:

- Statement of *MSU* policy
- Designation of employees responsible for implementation of various plan elements
- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - universal precautions
 - engineering controls and work practices
 - training
 - Hepatitis B vaccination
 - post-exposure evaluation and follow-up
 - housekeeping
 - labeling
- *MSU* recordkeeping

Before proceeding to use this document, read the Bloodborne Pathogens Standard. After you have familiarized yourself with the standard, follow the control plan in the order in which it is presented, adding information specific to your worksite wherever indicated. The plan must be completed in its entirety to assure that the Exposure Control Plan complies with the NJ PEOSH Standard. You will note that in several places within the plan, it will be necessary for you to exercise judgment as to how you will proceed. Should you have any questions in the regard or need clarification or guidance on any other aspect of the plan, you may contact *Environmental Health and Safety (EH&S) at Ext. 4367*.

The Exposure Control Plan also contains forms that may be used to comply with record keeping requirements of the standard.

PROGRAM ADMINISTRATION

- *EH&S* is responsible for the implementation of the ECP. *EH&S* will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infection materials are required to comply with the procedures and work practices outlined in the ECP.
- *EH&S* will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.
- *EH&S* will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- *EH&S* will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
- *EH&S* will maintain and provide all necessary Personal Protective Equipment (PPE), engineering controls (i.e., sharp containers, labels and red bags as required by the standard. *EH&S* will ensure that adequate supplies of the aforementioned equipment are available.

EMPLOYEE EXPOSURE DETERMINATION

I. Employee Exposure Determination

- A. As part of the exposure determination section of our ECP, the following is a list of **all** job classifications at our establishment in which **all** employees at *MSU* have occupational exposure:

<u>Employee</u>	<u>Tasks & Procedures</u>
<ul style="list-style-type: none">▪ Nurse▪ EMS (volunteer)	<ul style="list-style-type: none">▪ Healthcare delivery▪ Emergency medical services

B. The following is a list of job classifications in which **some** employees at *MSU* establishment have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals.

<u>Employee</u>	<u>Tasks & Procedures</u>
<ul style="list-style-type: none"> ▪ POLICE ▪ Athletic Trainers ▪ Housekeepers 	<ul style="list-style-type: none"> ▪ Assistance in emergency situations ▪ First Aid and CPR ▪ Clean-up and disinfecting of blood/bodily secretions

If needed, additional job classification lists and task sheets for Section A and B are provided in the Appendix Section. (**Appendix A-1 and A-2**).

EFFECTIVE DATES OF N.J. PEOSH BLOODBORNE PATHOGEN STANDARD

II. Effective Dates:

The Bloodborne Pathogens Standard was published in the New Jersey Register on July 6, 1993. The Standard including Universal Precautions operative on October 4, 1993. The dates for completing the different parts of the Standard were:

Exposure Control Plan	December 3, 1993
Recordkeeping	January 6, 1994
Information and Training	January 6, 1994
Methods of Compliance (Except Universal Precautions)	February 6, 1994
Hepatitis B Vaccination and Post- Exposure Evaluation and Follow-up	February 6, 1994
Labels and Signs	February 6, 1994

The methods of implementation of these elements of the Standard are discussed in the subsequent pages of the *MSU* Exposure Control Plan.

EXPOSURE CONTROL PLAN

III. Methods of Implementation and Control

Universal Precautions

All *MSU* employees will utilize Universal Precautions. Universal Precautions is an infection control method, which requires the employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other bloodborne pathogens (**Appendix A**) and must be treated accordingly. (This includes Hepatitis C).

Exposure Control Plan (ECP)

All *MSU* Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shift by contacting *EH&S*. Employees seeking copies of the Plan may have one copy free of charge, within 15 days of the request.

EH&S will be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

MSU engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls *MSU* will use and where they will be used are listed below:

- Gloves
- Protective Eyewear
- Gowns
- Self-sheathing needles
- Mechanical needle recapping devices
- Red Needlestick Containers
- Doubled Bag – Infirmary Trash

ENGINEERING CONTROLS

New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. *MSU* engineering controls (i.e., sharps containers, etc.) will be inspected and maintained or replaced by the office of *Environmental Health & Safety* every year.

MSU's engineering controls include, but are not limited to:

<u>Location</u>	<u>Control</u>
<ul style="list-style-type: none">▪ University Health Center▪ EMS Vehicles▪ Panzer Gym	<ul style="list-style-type: none">▪ Self-sheathing needles▪ Mechanical needle recapping devices▪ Puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass
<ul style="list-style-type: none">▪ Richardson Hall	<ul style="list-style-type: none">▪ Eye Wash Stations

MSU's work practice controls include, but are not limited to:

- Removal of biological waste and the replacement of contaminated red sharps containers by an OSHA compliant environmental engineering company.
- Providing readily accessible hand washing facilities.
- Washing hands immediately or as soon as feasible after removal of gloves at non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
- Prohibiting the recapping or bending of needles.
- Shearing or breaking contaminated needles is prohibited
- Labeling
- Equipment decontamination

- Prohibiting eating, drinking, and smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.
- Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.
- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE)

Personal Protective Equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by *EH&S* in the use of the appropriate personal protective equipment for employees' specific job classifications and task/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task.

<u>Personnel</u>	<u>Task</u>	<u>Equipment</u>
<ul style="list-style-type: none"> ▪ Nurse ▪ EMS ▪ POLICE 	<ul style="list-style-type: none"> ▪ Medical Exam ▪ Medical Treatment, CPR ▪ Investigate, CPR 	<ul style="list-style-type: none"> ▪ Gloves, Mouth Guards, Goggles, Gowns ▪ Gloves, Mouth Guards, Goggles ▪ Gloves, Mouth Guards, Goggles

PPE items include:

POLICE

- gloves
- face shields
- mouth guards

EMS

- gloves
- face shields
- masks
- eye protection (splash-proof goggles, safety glasses with side shields)
- resuscitation bags
- mouth guards

Nurses

- gloves
- gowns
- face shields
- masks
- eye protection (splash-proof goggles, safety glasses with side shields)
- resuscitation bags
- mouth guards

As a general rule, all *MSU* employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

<u>PPE</u>	<u>PPE Containers</u>	<u>Location</u>
<ul style="list-style-type: none"> ▪ Gloves ▪ Masks ▪ Gowns ▪ Goggles ▪ Face Shields ▪ Mouth Guards 	<ul style="list-style-type: none"> ▪ Disposable Medical Waste Containers 	<ul style="list-style-type: none"> ▪ University Health Center ▪ Panzer Gym ▪ Richardson Hall ▪ EMS Vehicles

- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated, or if their ability to function as a barrier is compromised.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.

- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of: N/A.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse or before disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- If a garment is penetrated by blood or and other potentially infectious materials, the garments(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pull-over scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face.
 - Repair and/or replacement of PPE will be at no cost to employees.

TRAINING

Training

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by *EH&S*.

EH&S will provide training on the epidemiology of bloodborne pathogen diseases. The training program will cover, at a minimum, the following elements:

- A copy and explanation of the standard
- Epidemiology and symptoms of bloodborne pathogens
- Modes of transmission
- Our Exposure Control Plan and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of Engineering Controls, Work Practices and PPE disposal
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- PPE – types, use, location, removal, handling, decontamination, and disposal

- PPE – the basis for selection
- Hepatitis B vaccine – offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits and method of administration
- Emergency procedures – for blood and other potentially infectious materials
- Exposure incident procedures
- Post-exposure evaluation and follow-up
- Signs and labels – and/or color coding
- Questions and answer section

An Employee Education and Training Record (**Appendix B**) will be completed for each employee upon completion of training. This document will be kept with the employee's records at *EH&S*.

HEPATITIS B VACCINATION

Hepatitis B Vaccination

EH&S will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. An overview of these considerations is given in **Appendix L** for review. The Hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- The employee has previously received the series.
- Antibody testing reveals that the employee is immune.
- Medical reasons prevent taking the vaccination; or
- The employee chooses not to participate.

All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HBV, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HBV (**Appendix C**) will be kept in *EH&S* with the employee's other medical records.

Appendix C is an optional form that may be used to record the employee vaccination series information.

Other Requirements - Hepatitis B Vaccination

- Participation in pre-screening is not a prerequisite for receiving the Hepatitis B vaccination.

- Hepatitis B vaccination provided even if employee declines but later accepts treatment.
- Employee must sign statement when declining HB vaccination.
- Vaccination administered in accordance with United States Public Health Service (USPHS) recommended protocol.
- HB vaccination booster doses must be available to employees if recommended by USPHS.

POST EXPOSURE EVALUATION

Post Exposure Evaluation and Follow-up and Procedures for reporting, Documenting, and Evaluating the Exposure.

Should an exposure incident occur, contact the *Human Resources* immediately and seek treatment at the *Imedi-Center, (Clifton, NJ) /Mountainside Hospital (Glen Ridge, NJ) or other medical treatment facility*. Each exposure must be documented by the employee on an “Exposure Report Form” (**Appendix D**). *Human Resources* will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up will be conducted by. The following elements will be performed.

- The *MSU* employee will document the routes of exposure and how exposure occurred.
- *Human Resources* will identify and document the source individual (**Appendix E**), unless the employer can establish that identification is infeasible or prohibited by State or local law. (See Note #1)
- The *medical treatment facility* will obtain consent (See Note #2) and test source individual’s blood as soon as possible to determine HIV and HBV infectivity and document the source’s blood test results.
- If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- Provide the exposed employee with the source individual’s test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee’s blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.

- Provide post-exposure prophylaxis when medically indicated. **Imedi-Center (Clifton, NJ)/Mountainside Hospital (Glen-Ridge, NJ).**
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. (See Note #3)

HEALTH CARE PROFESSIONALS

Health Care Professionals (Nurses & EMS)

EH&S will ensure that the University Health Center at *MSU* is responsible for employee's HB vaccination and post-exposure evaluation and follow-up will be given a copy of the N.J. PEOSH Bloodborne Standard. *EH&S* will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test; and
- relevant employee medical records, including vaccination status

Healthcare Professional's Written Opinion

EH&S will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnosis must remain confidential and not be included in the written report to our organization.

HOUSEKEEPING

***MSU* Housekeeping**

MSU Housekeeping will be responsible for implementing the cleaning and decontamination schedule for work surfaces as indicated by the standard. (Use schedule sheet, **Appendix N**).

- While wearing protective gloves, *MSU* Housekeeping will decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- While wearing protective gloves, *MSU* Housekeeping will inspect and decontaminate, on a regular basis, reusable medical waste receptacles such as bins, pails, and cans that have likelihood for becoming contaminated. When contamination is visible, *MSU* Housekeeping will clean and decontaminate receptacles immediately or as soon as feasible by removing and replacing protective coverings such as plastic wrap and aluminum foil when contaminated.
- *MSU* Housekeeping must always use mechanical means such as tongs, forceps, or a brush and dustpan to pick up contaminated broken glassware or any type of sharp instruments; never pick up with hands even if gloves are worn. When storing, handling, transporting or shipping, place other regulated waste in identifiable red bags and sharps containers that are constructed to prevent leakage. Store or process reusable sharps in a way that ensures safe handling.
- *MSU* Housekeeping will place contaminated sharps in closable, puncture-resistant, labeled/color-coded (red) containers. Sharps containers must be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overflow.
 - Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious materials: items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

RECORDKEEPING

Medical Records

University Health Center/Human Resources will maintain medical records for each employee with occupational exposure in accordance with NJ PEOSH.

University Health Center/Human Resources is responsible for maintenance and storing of the required medical records.

In addition to the requirements of 29 CFR 1910.1020, the medical record will include:

- The name and social security number of the employee.
- A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard.
- A copy of all healthcare professional's written opinion(s) as required by the standard.

All *MSU* employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained at the **MSU University Health Center/Human Resources** for at least the duration of employment plus 30 years.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

Training Records

Bloodborne pathogen training records will be maintained by *Environmental Health and Safety at 14 Normal Ave., Montclair State University, Montclair, NJ. (Appendix B)*.

The training record shall include:

- The dates of the training sessions
- The contents or 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

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

Transfer of Records

If *Montclair State University* ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupation Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

FIRST AID PROVIDERS

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are listed below for easy reference and also in Section B of the Employer Exposure Determination on page five.

Designated First Aid providers:

Primary

- Nurse
- EMS

Secondary

- **POLICE**
- Athletic Trainers
- Coaches

Our facility has decided to: (check off organization's specific policy)

- offer Hepatitis B vaccination to the first aid provider after a first aid incident.
- offer pre-exposure vaccination.

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance is (are) instructed to report to the University Health Center/Human Resources before the end of their work shift.

The University Health Center/Human Resources will maintain a report (**Appendix D** can be used), which describes name of the first aide, date, time and description of incident.

The University Health Center/ Environmental Health and Safety will ensure that any first aider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty-four hours after the incident.

Employees who are designated to render first aid assistance, but this assistance is not their primary work assignment are: Personnel who provide first aid at a first aid station, clinic, emergency response or public safety personnel, who are expected to render first aid in the normal course of their work (i.e. EMS personnel, **POLICE**).

Dr. Rob Rehberg will train the EMS Squad on the specifics of the reporting procedures, in addition to all the training required in section 5.0 training.