MiraCosta Community College District
Bloodborne Pathogens Exposure Control Plan

General Information & Instructions

This form is provided to facilitate compliance with federal and state Bloodborne Pathogens Standards, OSHA 29 CFR 1910.1030 and Cal/OSHA CCR Title 8 Section 5193, which require a written exposure control plan.

Access the Standards:
OSHA 29 CFR 1920.1030
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051

Cal/OSHA CCR Title 8 Section 5193
http://www.dir.ca.gov/title8/5193.html

The following pages address the minimal requirements stated in the CCR Title 8 Section 5193 (c)(1). Investigators with a reasonable risk of exposure to bloodborne pathogens should save a copy of this form and add additional, laboratory-specific precautions and details to customize the plan. The exposure control plan shall be made accessible to employees, reviewed annually and revised if any significant changes have occurred. If there are any questions regarding this form, please contact the Risk Management at x6866.

Bloodborne Pathogens Exposure Control Plan

Principal investigator	
Research location(s)	
Lab phone	
Lab safety contact	
Emergency phone	

Purpose

To reduce or eliminate employee exposure to bloodborne pathogens carried by human blood or other potentially infectious materials

Definitions

Bloodborne pathogens are viruses or infectious agents carried by human blood and body fluids. Pathogens include, but are not limited to, the hepatitis B virus (HBV), hepatitis C virus (HCV) and the human immunodeficiency virus (HIV).

Contaminated sharps include objects that may penetrate the skin that were used with blood or other potentially infectious body fluids

Exposure incident is an accidental contact of mucous membranes or non-intact skin with blood or other potentially infectious body fluids

Occupational exposure means probable contact with blood or other potentially infectious body fluids while performing of one's work.

Other Potentially Infectious Materials (OPIM) are human body fluids that may also contain bloodborne pathogens: semen, vaginal secretions, CSF, synovial fluid, pleural, pericardial, peritoneal, amniotic, saliva (hepatitis B), any bodily fluids contaminated with blood, any fluid that cannot be differentiated between fluid types, and any unfixed tissue or organ from a human (living or dead).

Regulated waste: liquid or semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, and items that are caked with dried blood or OPIM.

Universal Precautions is an approach to infection control in which human blood and OPIM are treated as if known to be infectious for bloodborne pathogens. Universal precautions callfor using appropriate barriers to prevent direct contact with blood or OPIM.

I. Exposure Determination

A. Description of materials used in the laboratory which may expose employees to bloodborne pathogens:

B. List of the job classifications where occupational exposure to bloodborne pathogens may occur are:
Principal investigator
Campus Police
Faculty associated with Nursing/Laboratory Instruction
Health Services employees
Custodians

Other:

C. The tasks and procedures performed by employees that may lead to occupational exposure to bloodborne pathogens include:

___ Preparing or handling human/primate blood or OPIM
___ Preparing or handling primary human/primate cell cultures
___ Use of needles with human/primate specimens
___ Preparing, cutting, dissecting, or handling human/primate tissue
___ Pipetting, mixing, or vortexing human/primate blood, fluid, or tissue
___ Centrifuging human/primate blood, fluid, or tissue
___ Handling tubes or other containers of human/primate blood or OPIM
___ Handling contaminated sharps or other contaminated wastes
___ Cleaning up spills of human/primate blood or OPIM
___ Injections (into human/primates, or into animals using human/primate tissue/cultures)
___ Other:

II. Methods of Compliance

A. Written exposure control plan
   1. This exposure control plan shall be made accessible to employees, reviewed annually and revised if any significant changes have occurred.
   2. This plan was completed on 11/12/2015.
   3. This plan is scheduled to be reviewed on 11/12/2016.

B. Engineering controls
   1. Certified biosafety cabinets or other appropriate combinations of personal protective equipment and physical containment devices, such as gloves, goggles/face shield, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with blood or OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.
   2. Biosafety cabinets shall be certified by a commissioning service vendor that they meet manufacturers' specifications when installed, after they are moved and at least annually.
   3. Biosafety cabinets must be certified annually and the inspection record posted.

	Building	Room	Class	Type	Cert. date	Vacuum line protection
1						☐ HEPA filter ☐ Secondary flask
2						☐ HEPA filter ☐ Secondary flask
3						☐ HEPA filter ☐ Secondary flask

   4. Other engineering controls:
      ___ Contaminated sharps containers
      ___ Centrifuge safety cups

___ Other:

5. Prior to servicing or shipping, equipment is examined and decontaminated as necessary. If the decontamination of the equipment is not feasible or if the decontamination will interfere with servicing; a readily observable label will be placed on the equipment. The labels shall have the biohazard symbol and the word "biohazard" printed in accordance to CCR Title 8 section 5193 (g)(1)(A)8. The labels shall also state which portions of the equipment remain contaminated.
6. Specific equipment which require decontamination are:

C. Safe Work Practices
   1. General safe work practices
      i. Universal precautions will be taken to minimize or prevent exposure to blood or OPIM.
      ii. Frequent hand washing will be employed. Personnel shall wash their hands immediately after removing gloves or upon contact with blood or OPIM.
      iii. Procedures involving blood or OPIM are performed in a manner that minimizes splashing, spraying, splattering, and creation of droplets.
      iv. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container shall be labeled with the biohazard symbol, color-coded red and closed prior to being stored, transported, or shipped. When a facility utilizes universal precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding is required when such containers leave the facility.
      v. Mouth pipetting is prohibited.
      vi. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas.
      vii. Food and drink will not be stored in laboratory refrigerators, freezers, shelves, cabinets, or bench tops that contain research material(s).
      viii. Other:
   2. Safe work practices for sharps
      i. Organize equipment at the point of use
      ii. Sharps should be pointed away from the user
      iii. Use a predetermined neutral zone for placing/retrieving sharps; do not hand-pass exposed sharps from one person to another
      iv. Do not reuse disposable sharps
      v. Never bend, break, shear or remove sharps from disposable syringes
      vi. Use a one-handed technique if recapping sharps is absolutely necessary
      vii. Place sharps waste container as near the point of use as appropriate for immediate sharps disposal

viii. Dispose of contaminated sharps in a single-use, disposable container that is rigid, leak proof, puncture resistant, lidded, and labeled with the biohazard symbol
ix. Do not exceed the sharps container fill line at 2/3 full
x. Close sharps container lid when not in use
xi. Potentially contaminated broken glassware will be handled using mechanical means such as a brush and dustpan, tongs or forceps.
xii. Other:

D. Personal Protective Equipment
1. Laboratory employees shall wear gloves and lab coats whenever handling blood or OPIM.
2. Disposable gloves are stocked in the laboratory by:
3. Gloves are replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
4. Safety glasses or face shields must be worn when work is conducted outside of a biosafety cabinet.
5. All personal protective equipment is removed prior to leaving the work area.
6. When personal protective equipment is removed, it is placed in a designated area for disposal or disinfection.
7. Contaminated lab garments are handled as little as possible. Laundry is placed and transported in properly labeled bags/containers as specified in CCR Title 8 section 5193 (g)(1)(A) and cleaned by an outside vendor.
8. Under no circumstances will employees be expected to take home any PPE such as laboratory garments for laundering.

III. Decontamination and Disposal

A. Decontamination
1. The worksite is maintained in a clean and sanitary condition.
2. Universal precautions shall be taken whenever cleaning and decontaminating the work area.
3. Benches and biosafety cabinets are cleaned and decontaminated at the end of the work day and after any spills using the following disinfectants, disinfectant concentrations, and contact times:
4. Spills are cleaned and decontaminated with the following methods, disinfectant, disinfectant concentration, and contact time:
5. Spill kit(s) are located

B. Disposal
1. Handling, storage, treatment and disposal of all regulated waste shall be in accordance with the California Medical Waste Management Act, Health and Safety

Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Regulated waste generated from the laboratory is placed in containers that are labeled with the biohazard symbol, color-coded red, closeable, and leak proof in the Oceanside campus Facilities Department biohazard waste storage area located in the facilties yard in Building 4200; Biohazard waste at the San Elijo campus is kept in the appropriate container inside of the Health Services Office in B900.
3. Disposal of regulated waste shall be conducted by the methods specified in the BUA application entitled

IV. Signage

A. Entry ways to work areas shall have signs posted with the word “biohazard” and the universal biohazard symbol printed on the notice.
B. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM
C. Labels shall include a legend that reads “BIOHAZARDOUS WASTE” or “SHARPS WASTE” and/or the biohazard symbol
D. Labels should be orange-red or red with lettering and symbols in a contrasting color.

V. Training

A. Bloodborne Pathogens training is conducted and provided by the Risk Management at least once per calendar year.
B. Refresher training is required annually.
C. Training records shall be maintained by Risk Management for 3 years.
D. In addition to the training topics covered in the California’s Bloodborne pathogens regulation, the Principal Investigator shall ensure that employees are properly trained on the methods of compliance for their specific project.

VI. Medical Surveillance Program

A. Hepatitis B vaccination
    1. The Principal Investigator/lab manager shall ensure that employees who will have occupational exposure to blood and other potentially infectious materials are offered the hepatitis B vaccination.
    2. To receive the vaccination, the employee shall coordinate this through the Principal Investigator and the departmental Business Officer.
    3. The vaccination series shall be made available at no cost to the employee.
    4. If the employee declines the hepatitis B vaccination but at a later date during the employment/project decides to accept the vaccination, the employer shall make the hepatitis B vaccination available at that time.
    5. Refer to Appendix A for the employee hepatitis B vaccination declination statement.

B. Post-Exposure Evaluation and Follow Up
    1. Immediately wash the affected area.
        i. For intact skin: wash thoroughly with nonabrasive soap and water.
        ii. Needlestick/cut/nonintact skin: wash with soap and water for 10 minutes and pour 3% hydrogen peroxide over exposed area.
        iii. Mouth: Spit and rinse mouth with 3% hydrogen peroxide.
        iv. Eyes: Remove contact lenses and flush with water for 10 minutes
        v. Nose: Flush with water for 10 minutes
    2. Notify your Supervisor immediately. If it is after hours, call the Campus Police at X6640 to report the incident.
    3. Seek treatment.
        i. Students are insured through the Student Accident Insurance Program. They can be seen at no cost and should report to Health Services, Building 3300 or at San Elijo Campus, Building 900 Room 923. For treatment after hours, report to Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056.
        ii. Post-exposure treatment and follow-up is provided at no cost to employees. Student Health Services does not treat follow-up Workers' Compensation injuries. Employees and student workers must complete the Workers' Compensation Claim Form DWC-1 available from the Human Resources Office in Building 1000 or by calling x6855. Arrangement for treatment at for treatment at US HealthWorks at 3910 Vista Way, Suite 106, Oceanside, CA 92056 or WorkPartners at 2122 S. El Camino Real, Suite 100, Oceanside, CA 92054.
4. Document the incident with the Director, Risk Management (x6866) during a follow-up interview using the OSHA 300 Log and the Post-Exposure Evaluation forms. Information to be recorded will include the route of exposure, circumstances surrounding the exposure, type/brand of device involved in accident, source of the blood or bodily fluid, and HBV/HCV/HIV status if known.
5. Sharps injury logs are maintained for 5 years by Risk Management.

MIRACOSTA COLLEGE

HEPATITIS B VACCINATION FORM *Form is available in Human Resources*

INSTRUCTIONS: Please indicate your declination or acceptance of Hepatitis B vaccination by signing under the appropriate option below. Return the form to Human Resources, mail station 14. If you indicate below that you wish to receive Hepatitis B vaccination, Human Resources will contact you to set up the initial appointment.

A. DECLINATION OF VACCINATION:

1. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B (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 the 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.

   Print Name: _____

   Signature: _____ Date: _____

2. I have been previously immunized for hepatitis B (HBV) and do not require additional vaccination.

   Print Name: _____

   Signature: _____ Date: _____

3. I have been tested for hepatitis B (HBV) and have been shown to be immune.

   Print Name: _____

   Signature: _____ Date: _____

4. I decline hepatitis B (HBV) vaccine due to medical reasons. *(If you choose this option, you must also sign under number 1 above.)*

   Print Name: _____

   Signature: _____ Date: _____

B. ACCEPTANCE OF VACCINATION:

I accept the offer of my employer, MiraCosta College, to receive hepatitis B (HBV) vaccination.

Print Name: _____

Signature: _____ Date: _____