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Exposure Control Plan for Bloodborne Pathogens

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Augsburg University

Exposure Control Plan for Bloodborne Pathogens

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1.0 Introduction

Augsburg University has developed and implemented the following Exposure Control Plan for Bloodborne Pathogens to reduce the potential for workplace exposure and to comply with OSHA's 29 CFR 1910.1030 *Bloodborne Pathogens*.

2.0 Responsibilities

Effective implementation of the Exposure Control Plan includes the following categories of responsibility:

- Program Administrator
- Supervisor(s)
- Employee(s)

The Exposure Control Officer is responsible for the overall management and support of the Bloodborne Pathogens Program including employee training, providing personal protective equipment (PPE), offering hepatitis B virus (HBV) vaccinations, sharps disposal and maintaining records related to this program. The Program Administrator will maintain, review, and update the Exposure Control Plan at least annually and whenever necessary, to include new or modified task and procedures.

3.0 Exposure Assessment/Determination

Job categories are assessed based on typical job duties that have the potential for blood exposure. Blood contact with non-intact skin, mucous membranes of the eyes, nose, or mouth, or piercing the skin or mucous membrane by needle stick, cut, or bite is considered an exposure.

Classification 1

Employee categories where the primary job responsibility is to administer first aid or healthcare are identified as Classification 1. Employees in this classification are fully covered under the Exposure Control Plan. There are no Classification 1 employees at Augsburg University.

Classification 2

Employees who provide or have the potential to provide first aid or healthcare or are required to clean up blood or Other Potentially Infectious Material (OPIM), as an auxiliary component of their job responsibilities, are covered under this classification. The following job categories fall under this classification and are fully covered under the Exposure Control Plan:

- Athletics – Cage Equipment Student Employees
- Athletic Coaches
- Custodial Services
- Nursing and Physician Assistant Faculty
- Public Safety Staff and Student Patrols
- Resident Life Staff and Student Employees
- Sports Medicine Staff and Student Employees

This includes all student workers being compensated in Classification 2 positions.

4.0 Universal Precautions

"Universal Precautions" are practices and procedures that assist in the prevention of contact with blood and other body fluids. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be treated as if known to be infected with human immunodeficiency virus (HIV), HBV, hepatitis C virus (HCV), or other bloodborne pathogens.

Although exposure to body fluids other than blood is unlikely except in healthcare settings, the following body fluids are to be treated as infectious:

- Amniotic fluid
- Blood-contaminated body fluids
- Cerebrospinal (spinal) fluid
- Pericardial (heart) fluid
- Peritoneal (abdominal organ) fluid
- Pleural (lung) fluid
- Saliva (when visibly contaminated by blood)
- Semen
- Synovial (joint) fluid
- Vaginal secretions

Any employee encountering blood or other body fluids listed above is trained to treat them as being infectious, and to use necessary personal protection and work practice controls as outlined throughout this plan.

5.0 Engineering & Work Practice Controls

Using appropriate engineering and work practice controls should eliminate or minimize employee exposure to bloodborne pathogens. The following engineering and work practice controls and policies are used:

Work Practices

- PPE is worn as applicable.
- An absorbent material (paper towel/cloth) is used as a barrier between the individual and the blood source.
- In the event an individual becomes exposed to any blood or OPIM, the area is washed with soap and water and/or mucous membranes are flushed immediately.
- Eating, drinking, smoking, applying cosmetics or lip balm, and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink are not to be stored in close proximity to where blood or potentially infectious materials are present.
- Handwashing facilities are available in each building should an employee come in contact with blood or OPIM.
- Where handwashing facilities are not feasible, use an appropriate antiseptic hand cleanser as provided.

Handling Sharps

- Mechanical devices such as tongs, or a dustpan and broom are available to pick up contaminated sharps or blood-covered broken glass, to avoid any direct contact. Contaminated glass is not to be picked up by hand.
- Appropriate gloves, provided by Augsburg University, are used when handling contaminated sharps.
- Needles and other contaminated sharps are not to be bent, recapped, or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
- Sharps are not removed or recapped unless it is demonstrated that an alternative is not feasible and approval from the Program Administrator is obtained.
- After use, contaminated sharps are placed in appropriately marked storage/disposal containers.

Sharps Containers

- Sharps containers are located in the following locations:
 - Lindell Library First Floor Men's and Women's Restrooms
 - Sverdrup Hall Men's Restroom
 - Memorial Hall Ground Level Restroom, next to Human Resources
 - Foss Center I Lower-Level Men's and Women's Restrooms
 - Kennedy Center Room 200 (Wrestling Room)
 - Si Melby Hall Lower Level NSP Room
 - Oren Gateway Center Lower-Level Custodial Closet
- Containers are puncture-resistant, labeled or color coded, come with leak-proof sides and bottom, and are able to be closed after each use.

- If outside contamination of container occurs, place the primary container within a secondary container that is puncture-resistant, leak-proof, and labeled or color-coded. Outside contamination may be brought about by accidental spillage or other contact with blood or OPIM.
- Sharps containers and other regulated biohazardous waste is picked up on a regular basis (every three months) by the following biohazardous waste transporter:

Daniels Sharpsmart Inc.
1087 Park Place, Suite 150
Shakopee, MN 55379
Phone: 651-796-3565

Augsburg University uses Customer #4052 – 2.

Blood/OPIM Clean-Up by Custodians

- Clean-up is conducted, as soon as possible.
- Disposable gloves are worn.
- Disposable towels and other absorbent materials are used to absorb blood and bodily fluids.
- Area is cleaned with soap and water.
- Proper disinfectant (registered with EPA) is utilized, and handling procedures are followed.
- Waste is disposed in an appropriate container.
- Hands are washed thoroughly with warm water and soap.
- Clean-up is always completed by trained and authorized employees.

Clean-up of Objects Contaminated with Blood or OPIM (i.e., athletic equipment)

- Disposable gloves are worn.
- All contaminated items that cannot be cleaned are discarded into a disposable container.
- Objects are washed using warm water and general-purpose cleaner.
- Objects are disinfected using approved disinfectant solution or a bleach solution.
- If the object is to be placed in the mouth (e.g., mouth guard for football players) use applicable disinfectant and follow the manufacturer's directions.
- If an exposure potential exists, the supervisor or exposure control officer are notified.
- Clean-up is always completed by trained and authorized employees.

First Aid/Healthcare

In the event an individual requires first aid, they should treat, clean, and dispose of their own contaminated materials, if possible, thereby avoiding contact by another individual. If a trained individual provides first aid or CPR, they will:

- Use gloves or other personal protective equipment
- Use paper toweling or other absorbent material to wipe injury and, if appropriate, allow person to rinse injury with running water
- Place soiled materials into a lined waste container
- Remove and place soiled clothing into a plastic bag to take home, if possible
- Assist in cleaning affected area; using cotton swabs to apply medicine, if appropriate
- Follow other procedures for care in minimizing direct contact with blood or body fluids
- Wash hands thoroughly

6.0 Personal Protective Equipment (PPE)

PPE is considered "appropriate" only if it does not permit blood or OPIM to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use. PPE may include the following:

- Gloves are used for first aid, clean-up, handling of sharps, and when in contact with any blood or OPIM. Disposable or single-use gloves, such as surgical gloves, are discarded in leak-proof bags.
 - If possible, wash your hands before putting on gloves. After you have put the gloves on, check for proper fit and any punctures, then pull them snug to enable a good fit.
 - To remove gloves, each glove is rolled or pulled from the wrist to the fingers so that each glove is inside out, to minimize contamination. Disposable gloves are discarded immediately in a lined container and never reused.
 - Utility gloves used for blood clean-up must be cleaned and decontaminated after use. They must be inspected prior to each use and discarded if they have deteriorated, or if the integrity is compromised.
- Eye protection is used where the potential for exposure to eyes or mucous membranes from blood splashing exists.
- Mouth pieces are used to avoid direct contact with blood or saliva during resuscitation.
- Other PPE may be used, when appropriate.

Employees are informed of the location and accessibility of PPE during their annual training.

PPE is repaired, replaced, cleaned, and disposed of at no cost to employees. Hypoallergenic gloves or appropriate substitutes are to be provided to employees who are allergic to the gloves normally provided. Employees are required to inform the exposure control officer of faulty, worn, dirty, or other problematic PPE.

7.0 Housekeeping and Waste

Clean and sanitary conditions are maintained in the worksite.

- Contaminated equipment and working surfaces are cleaned and decontaminated after contact with blood or OPIM. Equipment used to pick-up broken sharps is cleaned and disinfected or disposed of after contact with blood.
- Regulated waste, other than sharps containers, is typically not generated by the Augsburg University. Waste involving blood or OPIM generated by Augsburg University is disposed of as solid waste unless considered regulated waste. Blood or OPIM waste is considered regulated if "dripping" or "pourable." In the event of an emergency, regulated waste may be generated. These wastes are taken by the ambulance service, whenever possible. If Augsburg University becomes responsible for disposing of regulated blood or OPIM materials, federal and state regulations for disposal are followed, including the below:
 - Labels including the biohazard legend, are fluorescent orange or orange-red with contrasting lettering or symbols, and are affixed as close as possible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal.
 - Augsburg University uses red biohazard containers for any regulated waste generated (outside of used sharps).
- In the event that clothing or other washable materials are contaminated with blood or OPIM, the following conditions are applicable:
 - Contaminated laundry is handled as little as possible.
 - Gloves are utilized throughout handling.
 - Contaminated laundry is immediately bagged.
 - The items are sent home with the injured person.

8.0 Hepatitis B Vaccination and Post-Exposure Evaluation Policy

Hepatitis B Vaccination Policy

The hepatitis B vaccine series is:

- Available to Augsburg University employees who have the potential for occupational exposure
- Provided at no cost to the employee
- Made available to the employee at a reasonable time and place
- Performed by a licensed physician or licensed healthcare professional following appropriate healthcare professional procedures

For hepatitis B vaccinations, Augsburg University sends employees to:

Park Nicollet Clinic Minneapolis
Occupational Medicine Department
2001 Blaisdell Ave, Minneapolis, MN 55404
952-993-8000

The HBV vaccination series is made available after the employee receives the required training and within ten (10) days of initial assignment to employees who have the potential for occupational exposure.

An employee may decline the HBV vaccination, in which case the employee is asked to sign a declination statement. The employee may request the vaccine at a later date. Augsburg University will grant the employee's request at that time.

Titer Testing

Classification 1 employees are tested for antibodies to the hepatitis B surface antigen one to two months after the completion of the three-dose series. If the classification 1 employee does not respond to the primary vaccination series, he/she is re-vaccinated with a second three-dose vaccine series and re-tested.

Non-responders are then medically evaluated. Exemptions include:

- Employees who have received the vaccine series previously
- Antibody testing has revealed that employees are immune
- Those with medical reasons

Post-Exposure Evaluation and Follow-up Protocol

Augsburg University is responsible for evaluating exposure incidents. The post-exposure packet information is to be referenced to properly determine if an exposure has occurred. If an exposure occurs, the exposure control officer refers the exposed individual to a licensed healthcare professional.

The following protocol is followed:

- The exposed employee immediately washes exposed area or flushes mucous membrane with water.
- The exposure control officer is contacted if the incident occurs during their workday, whereas the supervisor is contacted if exposure incident occurs after normal business hours.
- The exposure incident is documented, along with routes of entry and circumstances of exposure (see Exposure Incident Report Form in Post-Exposure Packet).
- If the exposure was from a contaminated sharp, the incident is entered on the OSHA 300 Log and reported no later than ten working days after the end of the calendar month in which it occurred.
- The source individual is identified (unless prohibited by law). This is done to determine HBV, HCV, or HIV status of the source.

- The source individual's blood is tested as soon as feasible, if consent from the source or source's parent (if source is under 18 years of age) is obtained. If consent is not obtained, this is documented.
- If the source individual is already known to be infected, status testing will not be repeated.
- The exposed employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee's blood is collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent for testing, samples are held for 90 days. In this time period, the employee may decide to have a blood sample tested.
- The post-exposure evaluation/treatment provided by the healthcare professional is made available, including counseling and evaluation of reported illness by the healthcare professional.

Post Exposure Documentation

- Copy of 29 CFR 1910.1030 *Bloodborne Pathogens*
- Copy of the Exposure Incident Report
- Testing Consent/Declination of Source - If consent is obtained, results will be transmitted by the healthcare professional directly to the healthcare professional of the exposed employee.
- Testing Consent/Declination of Exposed Employee - Results are transmitted directly to employee.
- Employee's medical records relevant to the incident (i.e., previous exposure or hepatitis B vaccination status)
- Healthcare Professional's written opinion

The healthcare professional's written opinion (which does not include testing results or other protected information) is obtained, and the affected employee is provided with a copy within 15 days of completion of evaluation. The healthcare professional's written opinion must contain whether the HBV vaccination is indicated for the employee and, if the employee has received such vaccination, a statement that the employee was informed of evaluation results and any medical conditions resulting from exposure. All other findings are confidential and maintained by the healthcare professional.

9.0 Training

Training is provided to employees covered under this plan. Training is provided at the time of initial assignment and annually thereafter. Additional training is provided when changes, such as modification or addition of tasks or procedures, affect an employee's occupational exposure. Material content applies to educational level, literacy, and language of employees being addressed and includes the following:

- Information on bloodborne pathogens and diseases
- Methods used to control occupational exposure
- Hepatitis B Vaccine
- Medical evaluations
- Post-exposure follow-up procedures

Training is accomplished through an online training platform.

Training records are kept for a minimum of three (3) years and are maintained by Augsburg University Human Resources Department in the university's server or a third party vendor.

10.0 Recordkeeping

Medical records are confidential and maintained in accordance with 29 CFR 1910.1020 *Access to Employee Exposure and Medical Records*. Medical records, including Hepatitis B Consent/Decline forms and Sharps Injury Logs are maintained by the Human Resources department and include the following:

- Employee's name
- If exposure incident has occurred:
 - Archived results of exams, medical testing, and follow-up procedures
It is recommended that medical information outside of the written opinion be maintained with the healthcare professional.
 - Archived copy of the healthcare professional's written opinion
 - Archived copy of information provided to healthcare professional, including a description of the exposed employee's duties as they relate to the exposure incident, documentation of routes of exposure, circumstances under which the exposure occurred, and results of the source individual's blood test, if available
- If the exposure incident involved a contaminated sharp, log the incident in the OSHA 300 Log and be sure to include the type and brand of device involved along with a description of the incident. These are to be handled as privacy cases, so names are not to be included on the 300 Log.
- These records are kept confidential and are not disclosed or reported without the employee's express written consent.
- Records are maintained for the duration of employment plus thirty (30) years.

The Bloodborne Pathogens Exposure Control Plan is reviewed at least annually. New or modified tasks, procedures, or employee which affect occupational exposure are updated as needed, as well as any changes in technology that eliminate or reduce exposure to bloodborne pathogens.

11.0 Reference

Occupational Safety and Health Administration. "Bloodborne Pathogens (1910.1030)." *U.S. Department of Labor, Occupational Safety and Health Administration*. OSHA, 2019.

Appendix A

Assessment Tool and Completed Assessments

Appendix B

*Hepatitis B Consent/Declination Form
(for reference)*

Appendix C

*Sharps Injury Log
(for reference)*

Appendix D

*Bloodborne Pathogens
Post-Exposure Incident Packet*

Appendix E

Training Records