

## APPENDIX F

### Blood Borne Pathogens Exposure Control Plan

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#### WAC 296-823

##### 1. Overview

This site is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to blood borne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

This plan includes:

- Overview
- Identify employees who are at risk for exposure
- Controlling Employee Exposure to Blood borne Pathogens
- Employee Training and Hazard Communication
- Post Exposure Evaluation and Follow-up
- Recordkeeping

##### 2. Employees Who Are At Risk for Exposure

###### A. Category One

The following are job classifications in our establishment in which ALL employees have occupational exposure to blood borne pathogens:

<b>Custodians and Maintenance Employees.</b>
<b>Nurses</b> providing medical care (e.g. suctioning, first aid, injections, etc.)
<b>First aid providers who are required to provide first aid</b> as a part of their job classification. (Note: Not all persons who have first aid cards are required to provide first aid as part of their job classification.)

**B. Category Two**

**The following are job classifications within the Catholic Archdiocese of Seattle that SOME employees have occupational exposure to blood borne pathogens:**

<b>Athletic referees.</b>
<b>Bus Drivers</b>
<b>Plumbers and maintenance personnel</b> who maintain bathroom and cleaning solution disposal facilities.
<b>Religious Education Teachers and Coordinators</b>
<b>Physical education teachers.</b>
<b>Staff playground aides.</b>
<b>Staff playground monitors.</b>
<b>Staff school crossing guards.</b>
<b>School Teachers, Substitutes and aides</b>

The following are “Tasks and Procedures” that MAY be performed in CATHOLIC ARCHDIOCESE OF SEATTLE and include a risk of exposure to blood borne pathogens.

All “ <b>sharps</b> ” use and disposal procedures in laboratory, classroom kitchen, shops, maintenance and other settings.
All procedures involving equipment or materials which may cause injury to skin or mucous membrane.
Athletic procedures commonly involving damage to skin or mucous membranes.
Cleaning procedures involving blood or body fluid visibly contaminated with blood.
First aid procedures.
Hypodermic needles, use and disposal.
Laundering of contaminated clothing, uniforms, towels, etc.
Medical treatments and procedures.
Plumbing procedures involving maintenance and repair of bathrooms or cleaning solution disposal areas.
Toileting procedures.

All procedures performed in the Catholic Archdiocese of Seattle must be done in such a manner as to prevent or minimize any splashing, spraying, or spattering of blood or other potentially infectious materials.

Employees are prohibited from eating and drinking, applying cosmetics or lip balm, and handling contact lenses in areas where injuries or illnesses are treated or where there is reasonable likelihood of exposure to blood or other potentially infectious materials.

Employees in **Category Two** should examine the **Tasks and Procedures** list and then consult with their supervisors to determine if they are to be offered pre-exposure HBV vaccinations.

All Catholic Archdiocese of Seattle employees will be offered post-exposure HBV vaccinations if an occupational exposure incident occurs.

At least once each year this Exposure Control Plan will be re-evaluated. It will be most important to update the Category One, Category Two and Tasks and Procedures lists during that annual review.

### 3. Controlling Employee Exposure to Blood borne Pathogens (BBP)

We use the following methods to control employee exposure:

#### A. Personal Protective Equipment (PPE)

- PPE is provided to our employees at no cost.
- The types of PPE available to employees are:
  - Disposable latex gloves
  - Disposable CPR mouth barriers
  - Reusable heavy laundry gloves

- PPE is located:

- First –aid kits

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#### B. All employees using PPE must observe the following precautions:

- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM pose a hazard to the eye, nose or mouth.
- Wear appropriate gloves when you:
  - Can reasonably anticipate hand contact with blood or OPIM.
  - Handle or touch contaminated items or surfaces.
- Replace gloves if torn, punctured, contaminated or otherwise damaged.
- Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing or other deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Dispose of contaminated PPE in designated containers.
- Remove blood or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.

#### C. Procedure for cleaning PPE:

- The following work practice is used to eliminate or minimize employee exposure:
  - Each employee is trained and is responsible for disposing and / or cleaning the PPE issued to them.

### 4. Work practices used to minimize occupational exposure

We use the following work practices to eliminate or minimize employee exposure:

- Safe disposal of latex gloves inside zip-lock bags in accord with BBP best management practices
- Laundry practices of athletic uniforms and towels that may be contaminated with body fluids in accord with BBP best management practices
- All staff members are provided with disposable latex gloves for BBP use.

**A. Housekeeping**

- Written schedules for cleaning and methods of decontamination are located:
  - In each custodial station
  - In each classroom (as appropriate)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Regulated waste is placed in containers which:
  - Contain all contents
  - Do not leak
  - Are appropriately labeled.
  - Are closed prior to removal to prevent contact spilling or protruding during handling.
- Contaminated sharps are discarded immediately or as soon as possible in containers that are:
  - Closable
  - Puncture-resistant
  - Leak-proof on sides and bottoms
  - Labeled or color-coded appropriately.
- Sharps disposal containers are available at:
  - Each nurses station
  - Maintenance department
  - Transportation department

- Sharps containers are disposed of each month.
- Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.
- Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan

**B. Laundry**

- We launder the following contaminated articles:
  - Athletic uniforms
  - Towels
  - \_\_\_\_\_
- Laundering is done as follows:
  - Handle contaminated laundry as little as possible, with minimal agitation.
  - Place contaminated laundry in leak-proof, labeled containers before transporting.
- Wear the following PPE when handling and/or sorting contaminated laundry:
  - Rubber gloves
  - Rubberized apron
- The schedule for laundry is:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - >
  - >

**C. Hepatitis B Vaccination**

- The hepatitis B vaccination series is available:
  - At no cost, after training and within 10 days of initial assignment, to employees identified in Section 2 of this plan; i.e., all Category 1 employees, some category 2 employees and those employees who perform the tasks and procedures identified in Section 2.
- Vaccination is encouraged unless:
  - We have documentation that the employee has previously received the series;
  - Antibody testing reveals that the employee is immune;
  - Medical evaluation shows that vaccination is contraindicated.
- A copy of the health care professional's written opinion will be provided to the employee.

- Employees who choose to decline vaccination must sign a declination form, (see appendix D for a copy of this form). They may request and obtain the vaccination later at no cost.
- Vaccinations will be provided by:
  - Local health provider
  - \_\_\_\_\_

## **5. Employee Training and Hazard Communication**

All employees who have occupational exposure to blood borne pathogens receive training conducted by the Archdiocese of Seattle or another vendor chosen by the parish.

Training will be provided before initial assignment to task where occupational exposure may take place, annually, and when changes in task or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms and transmission of blood borne pathogens.
- Copy and explanation of WAC 296-823, Occupational Exposure to Blood borne Pathogens.
- Explanation of our exposure control plan.
- This must also be done at the annual refresher training.
- Methods used to identify tasks and other activities that may involve exposure to blood and other potentially infectious materials (OPIM.)
- What constitutes an exposure incident?
- The use and limitations of controls, work practices and PPE.
- The basis for PPE selection and an explanation of:
  - Types
  - Uses
  - Location
  - Handling
  - Removal
  - Decontamination
  - Disposal
- Information on the Hepatitis B vaccine, including:
  - Effectiveness
  - Safety

- Method of administration
- Benefits of being vaccinated
- Offered free of charge
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious material (OPIM.)
- Procedures to follow if an exposure incident occurs, including:
  - How to report the incident
  - Medical follow-up available
- Employee's evaluation and follow-up after an exposure incident
- Signs used
- Interactive questions and answers with the trainer

Training materials for this site are located at Library and Media Center for the Catholic Archdiocese of Seattle and at the Office of Property and Construction Services.

Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years in the employees personnel file

- The training record is located in Appendix D.
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## 6. Post Exposure Evaluation and Follow-up

### A. Do the following after initial first-aid is given:

- After the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:
  - 
  - The employee is to immediately stop their work assignment and seek medical attention.
  - The Safety Program Manager is to document the routes of exposure and how the exposure occurred.
  - Identify and document the source individual, unless that's not possible or is prohibited by state or local law.
  - Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HBV and HCV infectivity.
  - If the source individual is already known to be HIV, HCV and/or HBV positive, new testing is not needed.
  - Document that the source individual's test results were conveyed to the employee's health care provider.



- Provide the exposed employee with the source individual's test results.
- Provide the exposed employee with information about laws on confidentiality for the source individual.
- Obtain consent and provide a blood test for the exposed employee as soon as possible for HIV, HBV and HCV.
  - If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days.
  - If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible.
  - Provide the exposed employee with a copy of the healthcare professional's written opinion.

**B. Administration of post-exposure evaluation & follow-up**

Employees are provided immediate medical evaluation and follow-up services through their medical provider.

- \_\_\_\_\_
- \_\_\_\_\_

(List the procedure for providing immediate medical services to employees. Include name, address and telephone number of the medical provider that you have identified to provide these services.)

IMPORTANT: Appropriate medical services must be available to employees during all work hours.

**C. Review the circumstances of an exposure incident as follows:**

- The circumstances of any exposure incidents will be reviewed to determine:
  - Controls in use at the time
  - Work practices that were followed
  - Description of the device used (including type and brand)
  - Protective equipment or clothing in use at the time
  - Location of the incident
  - Procedure being performed when the incident occurred
  - Employee's training

**Contact names and phone numbers:**

The Safety Program Manager is responsible for reviewing exposure incidents as required.

## 7. Recordkeeping

### A. Medical records

- Medical records are maintained for each employee who has an occupational exposure to blood borne pathogens in accordance with WAC 296-802, Access to Records.
  - The Pastor or his designate is responsible for maintaining medical records. These confidential records are kept in the Employee's Personnel file for at least 30 years beyond the length of employment.
- Contact names and phone numbers:
  - The Pastor or his designate will make sure appropriate employee health; OSHA and WISHA records are maintained as required.

### B. Sharps injury log

- In addition to WAC 296-27, Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:
  - Date of injury
  - Type and brand of the device involved
  - Where the incident occurred
  - How the incident occurred

This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

## NIOSH Blood borne Pathogen Checklist Exposure Control Plan

1. Has a written exposure control plan been developed?  
**Note:** The exposure control plan must include:
  - a. a list of tasks identified as having a potential for exposure to blood borne pathogens;
  - b. methods to protect students and employees;
  - c. dates and procedures for providing hepatitis B vaccinations;
  - d. procedures for post-exposure evaluation and follow-up in case of exposure;
  - e. content and methods for training students and employees; and
  - f. procedures for maintaining records.

2. Is the written exposure control plan available on request for examination or copying?
3. Is the written exposure control plan updated yearly?

### **Engineering and Work Practice Controls**

4. Do students and employees follow universal precautions to prevent contact with blood or other potentially infectious materials?
5. Are engineering and work practice controls implemented before personal protective equipment is used?
6. Are engineering controls examined and maintained on a regular schedule to ensure their effectiveness?
7. Are handwashing facilities readily accessible?

**Note:** If providing handwashing facilities is not possible, an appropriate antiseptic hand cleanser and clean cloth, paper towels, or antiseptic towelettes may be substituted. When antiseptic hand cleansers or towelettes are used, wash hands with soap and running water as soon as possible.

8. Do students and employees wash their hands immediately after removing gloves or other personal protective equipment?
9. Do students and employees wash or flush hands or other skin areas with soap and water after contact with blood or other potentially infectious materials?
10. Is it prohibited to bend, recap, or remove contaminated needles or sharps except as noted below?

**Note:** NIOSH recommends avoiding needle recapping. When no feasible alternatives are available, WISHA permits recapping or needle removal only through the use of a mechanical device or a one-handed technique. Such procedures could involve the one-handed "scoop" technique: using the needle itself to pick up the cap, and pushing cap and sharp together against a hard surface to ensure a tight fit. Or, the sharp might also be recapped by holding the cap with tongs or forceps to place it on the needle.

11. Can it be assured that the shearing and breaking of contaminated needles does not occur?
12. Is it prohibited to eat, drink, smoke, apply cosmetics, and handle contact lenses in work areas where the potential exists for exposure to blood borne pathogens?
13. Are food and drink prohibited in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present?
14. Are tasks involving blood or other potentially infectious materials performed in a way that minimizes splashing and generating droplets of these substances?
15. Is mouth pipetting and suctioning of blood or other potentially infectious agents prohibited?

16. Are specimens of blood or other potentially infectious materials placed in an appropriate container that prevents leakage during collection, handling, processing, storage, or transport?

### **Personal Protective Equipment**

17. Is personal protective equipment such as gloves, gowns, laboratory coats, face shields or masks, and eye protection provided free to persons potentially exposed to blood borne pathogens?
18. Is personal protective equipment of appropriate sizes readily accessible or issued to all students and employees?
19. Are hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives readily accessible to those who are allergic to the gloves normally provided?
20. Is personal protective equipment repaired or replaced to maintain its effectiveness?
21. Do students and employees immediately remove garments that have been penetrated by blood or other potentially infectious materials?
22. Do students and employees remove all personal protective equipment before leaving the work area?
23. Do students and employees use an appropriately designated area or container for storage, washing, decontamination, or disposal of personal protective equipment?
24. Do students and employees wear gloves whenever the possibility exists of hand contact with blood or other potentially infectious materials?

**Note:** This includes touching contaminated items or surfaces and persons receiving phlebotomy training.

25. Are disposable (single-use) gloves replaced as soon as they are contaminated, torn, punctured or cannot function as a barrier?
26. Is it prohibited to re-use disposable (single-use) gloves?
27. Are utility gloves decontaminated and re-used only if the integrity of the glove is not compromised?
28. Do students and employees wear masks and eye protection devices (such as goggles or glasses with solid side shields or chin-length face shields) whenever splashes or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated?
29. Are gowns, aprons, lab coats, clinic jackets, or similar outer garments worn whenever exposure to blood or other potentially infectious materials is anticipated?
30. Is there a written method of decontamination and schedule for cleaning of all areas and surfaces that may become contaminated with blood or other potentially infectious materials?

31. Are all equipment and working surfaces cleaned and decontaminated immediately, or as soon as feasible, after contact with blood or other potentially infectious materials?
  32. Are protective covers used to cover equipment and surfaces removed and replaced as soon as feasible when they become overtly contaminated?
- Note:** Examples of protective coverings include: plastic wrap, aluminum foil, or absorbent paper backed with impervious material.
33. Are all reusable receptacles such as bins, pails and cans that are likely to become contaminated with blood or other potentially infectious materials inspected and decontaminated on a regular schedule?
  34. Are all reusable receptacles such as bins, pails and cans that are likely to become contaminated with blood or other potentially infectious materials cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination?
  35. Is picking up broken contaminated glassware with your hands prohibited?
  36. Is broken contaminated glassware always cleaned up with mechanical means such as a brush and dust pan, tongs, or forceps?
  37. Are contaminated sharps discarded immediately or as soon as feasible into containers?
  38. Are containers used for sharps disposal closable, puncture resistant, leakproof on sides and bottom, and labeled with a biohazard warning label or colored red?
  39. Are containers used for sharps disposal easily accessible and located in the area where sharps are used or can be reasonably anticipated to be found?
  40. Are containers used for sharps disposal maintained upright throughout use?
  41. Are containers used for sharps disposal replaced routinely and not allowed to overfill?
  42. Are sharps containers closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping?
  43. Are sharps containers placed in an appropriate secondary container if leakage is possible?
  44. Are reusable sharps that are contaminated with blood or other potentially infectious materials not stored or processed in a manner that requires a person to reach by hand into the containers where these sharps have been placed?
  45. Are reusable containers not opened, emptied, or cleaned manually or in any other manner which might expose a person to the risk of skin puncture?
  46. Is regulated waste, other than sharps, placed into containers which are:
    - a. closable?
    - b. constructed to contain all contents and prevent leakage of fluid during handling, storage, transport or shipping?
    - c. labeled with a biohazard warning label or colored red?

- d. closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping?
- 47. Are containers of regulated waste, other than sharps, that have become contaminated on the outside placed into appropriate secondary containers as defined in (17) above?
- 48. Is contaminated laundry handled as little as possible with a minimum of agitation or movement?
- 49. Is contaminated laundry bagged or put into other containers at the location it is used?
- 50. Is contaminated laundry placed and transported in bags or containers labeled with the biohazard symbol or colored red?
- 51. Is wet contaminated laundry placed and transported in bags or containers that will prevent soak-through and/or leakage of fluids to the exterior?
- 52. Do persons who handle contaminated laundry wear protective gloves and other appropriate personal protective equipment?
- 53. Are garments which have been penetrated by blood or other potentially infectious materials removed immediately or as soon as possible by the user?
- 54. Is the hepatitis B vaccination series made available to all persons who are reasonably anticipated to come in contact with blood or other potentially infectious materials through the performance of their job duties?
- 55. Is the hepatitis B vaccination series made available to persons who have received the required blood borne pathogen training?
- 56. Within 10 days of initial assignment, is the hepatitis B vaccination series made available to persons whose job is reasonably anticipated to have contact with blood or other potentially infectious materials?
- 57. Have persons who refused to take the hepatitis B vaccination series signed a statement to that effect following the form prescribed by the WISHA standard?
- 58. Is a confidential medical evaluation and follow-up made available to an exposed person following a report of an exposure incident?

**Note:** The medical evaluation and follow-up must include documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred; identification and documentation of the source individual unless identification is infeasible or prohibited by state law; the

HBV or HIV infectivity of the source individual if it can be legally determined; collection and testing of blood from the exposed individual for HBV and HIV serological status provided consent is given; post-exposure prophylaxis when medically indicated; counseling; evaluation of reported illnesses; and a written opinion from a healthcare professional.

- 59. Are containers of regulated waste labeled with a biohazard warning label?

**Note:** Red bags or red containers may be substituted for biohazard warning label. Containers include refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

60. Are individuals who are reasonably anticipated to have contact with blood or other potentially infectious materials in the course of their work or student activities provided training on blood borne pathogens?

**Note:** The training must include an accessible copy of the WISHA standard; a general explanation of the epidemiology and symptoms of blood borne diseases; an explanation of the modes of transmission of blood borne pathogens; an explanation of the exposure control plan and how to obtain a copy; an explanation of how to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials; an explanation of engineering controls, work practice controls and personal protective equipment; information on hepatitis B vaccine; emergency information and procedures; information on the post-exposure evaluation and follow-up; information on labels and color coding; and an opportunity for interactive questions and answers.

61. Is blood borne pathogen training provided before or at the time of initial assignment where contact with blood or other potentially infectious materials is possible?
62. Is blood borne pathogen refresher training provided at least annually?
63. Is additional blood borne pathogen training provided when changes are instituted that might affect exposure such as modification of tasks or procedures or adoption of new tasks or procedures?
64. Is the blood borne pathogen training material appropriate in content and vocabulary to the educational level, literacy, and language of people to be trained?
65. Is the person(s) who conducts the blood borne pathogen training knowledgeable in the subject matter?
66. Are accurate medical records maintained regarding hepatitis B vaccinations, examinations, medical testing, follow-up procedures, and copies of written opinions given in response to exposure incidents?

**Note:** These records are confidential.

67. Are records maintained of training that shows the dates of the training sessions, the contents of the training session, the names and qualifications of person conducting the training, and the names of the persons attending the training sessions?
68. Are training records maintained for at least 3 years?