

Lower Columbia College Bloodborne Pathogen Exposure Control Plan

1.0 Purpose:

This plan is designed to minimize risks and prevent employee exposure to bloodborne pathogens (BBP) and other potentially infectious materials (OPIM) found in contaminated bodily fluids. It includes guidelines for personal protective equipment (PPE), engineering controls, and required training to ensure workplace safety.

2.0 Employee Training & Vaccination:

- Employees with potential exposure must attend annual bloodborne pathogen training provided by Environmental Health and Safety via the online Canvas system.
- Hepatitis B vaccinations are recommended and made available for those with job-related risks.

3.0 Job Classifications at Risk of Exposure:

- Childcare Teachers and Staff
- Community Emergency Response Team Members (CERT)
- Custodial/Maintenance: Trash handling, needle disposal, cleaning spills.
- Nursing Faculty/Staff: Clinical exposure.
- Security: First aid and incident response.
- Biology faculty and Staff: Working with blood typing, etc.
- Kitchen Staff: Cuts from sharp tools.
- Anyone who is expected to render 1st Aid in their role.

4.0 Universal Precautions:

All employees at LCC must treat all human blood and bodily fluids as if infectious. Use engineering controls and PPE. Follow established safety protocols for every task.

5.0 Engineering and Work Practice Controls:

- Use engineering devices like sharps containers, tongs, and permanent barriers to reduce exposure risks.
- Regularly clean and disinfect contaminated areas using approved solutions. EPA maintains a [list of approved solutions](#) that includes 10% bleach solution.
- Always wash your hands when you have completed a task involving BBP or OPIM.
- Avoid actions like eating, drinking, or applying cosmetics in areas with potential contamination.

6.0 Sharps and Specimen Handling:

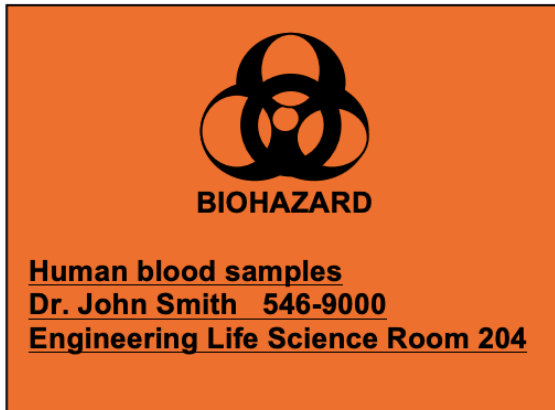
- Use puncture-resistant, leak-proof sharps containers labeled with biohazard warnings to store sharps for disposal.
- Transport specimens in secondary, sealed, and labeled containers to prevent leaks or punctures.

7.0 Personal Protective Equipment (PPE):

- PPE (e.g., gloves, masks, gowns) must be provided at no cost to employees.
- Inspect PPE before use and replace damaged items immediately.
- Wash hands thoroughly after removing PPE or any exposure to contaminants.

8.0 Biohazard Labeling:

- Use orange-red labels with biohazard symbols to identify infectious materials.
- Labels must include agent names, supervisor contact, and source location details (see example below).



9.0 Training Requirements:

- Initial and annual training is mandatory for employees with exposure risks. All training available via Canvas or in-person by request.
- Training records must be maintained for three years.

10.0 Hepatitis B Vaccination Program:

- Hepatitis B vaccinations are offered to employees who may be at risk of exposure to BBP or OPIM.
- Employees must complete [LCC's Hepatitis B Consent/ Declination form](#) at the time of training. The Employees must provide the completed copy to their supervisor.
- Employees must complete a three-dose series to develop immunity.
- Vaccine referral is coordinated with direct supervisors . Referral forms and information may be obtained from EHS.
- Documentation is maintained by department supervisors.

10.0 Routes of Exposure

- BBP and OPIM exposure only occurs when these fluids come in contact with unprotected, broken skin or mucous membranes.

11.0 Response to Exposure:

- Wash affected areas immediately with soap and water.
- Seek medical evaluation for any exposure incidents within 24 hours of the incident.
- [Make a Report](#) immediately.

- EHS will maintain incident records according to [WAC 296-823-17005](#).

12.0 Biohazard Disposal

- All biohazard waste that has not been autoclaved, must be disposed of by a state-licensed vendor.
- Waste management is coordinated by EHS.

By following this plan, employees can reduce their risk of exposure and maintain a safe work environment. Always consult your supervisor for specific procedures and updates.

Revision History

Version	Date of Approval	Extent of Revision
2.0	01/15/2025	Complete Update by EHS.
2.1	11/18/2025	Update completed by EHS. Accessibility checked by Web Technology.