

**LOWER COLUMBIA COLLEGE
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

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LOWER COLUMBIA COLLEGE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

1.0 INTRODUCTION

The purpose of this plan is to reduce the risk to workers by minimizing or eliminating employee exposure incidents to blood borne pathogens or other potentially infectious materials (OPIM), which can be spread by contaminated bodily fluids. This plan will outline the use of appropriate personal protective equipment (PPE) and engineering controls to reduce the likelihood of exposure.

Employees covered by this section are required to have annual training on bloodborne pathogens, which is offered by Safety and Security. Employees with reasonably anticipated exposure to human blood or bodily fluids as defined by their job description may also be advised to acquire immunizations for Hepatitis B virus (HBV). Supervisors/departments are required to retain copies of this plan, plan reviews, training records, and employee vaccinations (WAC 296-823).

2.0 JOB DESCRIPTIONS with RISK of OCCUPATIONAL EXPOSURE

Job Classifications with Routine Risk for Occupational Exposure

Childcare faculty and staff are routinely at risk for Occupational Exposure to Bloodborne Pathogens during childcare. These Departments needs are unique, and the department is required to develop a plan to protect faculty and staff from exposure to Bloodborne Pathogens separate from this document.

Job Classifications with Tasks with Risk for Occupational Exposure

Job Classification	Tasks with Risk of Exposure to Bloodborne Pathogens
Custodial & Maintenance Staff	Emptying trash containers, discarded needles, blood and OPIM spill clean-up
Nursing Faculty & Staff	Clinical Exposure
Safety and Security	First aid or altercations
Biology	Work with Human Specimens

3.0 UNIVERSAL PRECAUTIONS

All human blood and bodily fluids should be treated as if they contain infectious pathogens. For each task that puts the employee at risk of exposure to human blood or blood products, universal precautions will be used.

4.0 ENGINEERING CONTROLS

An engineering control is the use of available technology and device(s) to isolate or remove hazards from the worker. Engineering controls such analytical instruments, processors, local ventilation, permanent barriers, etc need to be evaluated first, before using administrative methods or personal protective equipment to prevent exposure to human blood and body fluids. Available technology will be reviewed at least annually during the Plan review.

5.0 SHARPS CONTAINERS

In general, sharps containers used for discarding contaminated needles, etc. must be easily assessable to personnel, closable, puncture resistant, leak-proof on the sides and bottom, and appropriately labeled or color-coded. Additionally, sharps containers must:

- * Have well designed needle unwinders, which do not create additional hazards, allow employees to use the unwinders with a one-handed technique, and provide secure needle capture that prevents movement of the needle while it is being removed.
- * Be designed so that it is easily and safely determined when the containers are full so containers are not overfilled.
- * Be stable when placed on horizontal surfaces, and when placed in trays, holders, or enclosures as per manufacturer's directions.
- * Be maintained upright, and closed when moved or replaced.

Single-Use Sharps Disposal Tubes for Custodians Maintenance and Public Safety

The single-use sharp disposal tubes used for containment of improperly discarded needles are designed to hold both syringe and needle making needle separation from the syringe unnecessary. Once the used syringe and/or needle have been placed in the tube, it is not to be reopened. The entire tube with syringe and/or needle is to be discarded in sharps container as soon as feasible, these sharps containers are located in the custodial closets of each building. The tubes can be obtained from the EH&S Manager.

6.0 SPECIMEN CONTAINERS

See WAC 296-823-14045 for specimen container specifications. Safety and Security could potentially transport Blood or OPIM. Specimen containers should prevent leakage, be color-coded and labeled and be placed inside secondary containment, when contaminated or specimen could puncture the original container.

7.0 Work Practice Controls

The following universal precautions are mandatory:

- * Persons working with human blood and body fluids will use Universal Precautions, Personal Protective Equipment, barrier protection, work practices and/or engineering controls to help prevent potential exposure to bloodborne pathogens.
- * Facilities with soap and running water for cleaning hands, other skin, and mucous membranes are readily accessible to employees immediately or as soon as feasible after removal of gloves or other personal protective equipment (PPE). If hand washing is not feasible, then an appropriate hand cleanser or antiseptic towelette may be used followed by soap and running water rinse as soon as possible.
- * Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses are prohibited in laboratory areas working with blood or OPIM.

- * Avoid wearing rings and long or false fingernails when working with blood or OPIM as they may puncture gloves, and provide a place for microorganisms to lodge and grow.
- * Food and drink, cosmetics or other personal hygiene items will not be stored (in refrigerators, freezers, shelves, etc.) where blood or OPIM are present.
- * Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- * All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, spattering, or droplet formation.
- * A high degree of caution will be used when dealing with any contaminated sharp items such as scalpels, needles, lancets, broken glass, utility blades, or capillary tubes. Sharps need to be disposed of in appropriate sharps containers.
- * Safe occupational use of hypodermic needles and syringes is addressed in WAC 823-180-30. LCC nursing staff must abide by these regulations.
- * Contaminated broken glass will not be handled directly by hand, but must be removed by mechanical means such as tongs, dustpan or forceps and placed in an appropriate sharps container. Broken glass containers should not be stored or processed in a manner that requires employees to reach by hand into the containers where the items are stored.
- * Employees from other LCC departments or non-LCC contractors that may enter areas containing bloodborne pathogens need to be protected from possible exposure. The departmental supervisor is responsible for ensuring contractors/employees are protected from any hazards, and for ensuring compliance with site-specific requirements and all provisions of the bloodborne pathogens standard.
- * Contaminated work surfaces, equipment, or receptacles (bins, pails, cans, etc.) will be cleaned immediately and disinfected as soon as feasible when overtly contaminated, or at the end of a work shift. One of the following disinfectants Rejuvenal HBV, Blue Skies or a 1:10 dilution of chlorine bleach, should be used for decontaminating surfaces, and spill sites. Disinfectant contact time consistent with package labeling (usually not less than 10-15 minutes) should be adhered to when decontaminating items/surfaces. The bleach solution must be prepared fresh every 30 days to ensure potency.
- * Any equipment or materials contaminated with blood or human body fluids must be decontaminated before coming into contact with personnel not covered by this or their own bloodborne pathogen plan, or trained in universal precautions, including any outside contractors or college personnel. Any material leaving the facility, which may still be contaminated, must be sealed and labeled with the required information (see biohazardous labeling section). An off-site laundering facility is an example of a contractor capable of handling contaminated materials.
- * Training is mandatory for any employee working with human blood or OPIM.
- * Post exposure medical evaluation, and monitoring is necessary after any exposure to human blood or blood products.
- * Hand washing: wash hands, skin or flush mucous membranes, if direct contact with blood, OPIM, contaminated equipment and/or surface occurs. Wash hands after removing gloves or other PPE, upon leaving a potential exposure area, and after spill clean up. Nursing personnel will wash hands before and after contact/attending patients. First aid givers will also wash hands after patient contact. If hand washing is not feasible, then an appropriate hand cleanser or antiseptic towelette may be used followed by hand washing with soap and running water as soon as possible.
- * Laundry: Contaminated laundry will be handled with a minimum of agitation and contained in a labeled and leak proof container. Appropriate gloves and PPE should be worn when handling contaminated laundry. Contaminated clothing shall be double bagged in biohazard bags, sealed with tape, the outer bag labeled as to contents and potential hazard(s) and laundered by a commercial laundry service, which is qualified to properly manage laundry contaminated with human blood and body fluids. Red bags can be obtained from Safety and Security. Contact the EH&S Manager for a list of qualified laundry vendors.

- * Contaminated containers, or specimens, blood or OPIM that could puncture the primary container will be placed in a secondary container that is leak proof and puncture resistant. The container shall be properly labeled.
- * Biohazardous waste will be disposed of through the State's licensed Biohazardous Waste vendor.
- * New technology to better protect employees from occupational exposure will be evaluated on a routine basis.

8.0 Personal Protective Equipment

- * Appropriate personal protective equipment (PPE) will be provided by the employer at no cost to the employee. This would include, but not be limited to: gloves, masks, eye protection, face shields, gowns, aprons, and other protective body clothing.
- * Before assigning PPE necessary for work tasks, the supervisor will complete a written hazard assessment of the hazards involved and determine the appropriate PPE to be used. When the PPE is assigned to the task, the employee will be trained in its proper use and a written record of this training will be retained.
- * PPE will be considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- * Persons working with human blood and body fluids will use assigned personal protective equipment, in conjunction with barrier protection, work practices and/or engineering controls to help minimize exposure to bloodborne pathogens.
- * Keep PPE clean and good repair. Replace defective PPE.
- * Inspect PPE for defects before donning.
- * When negative pressure, tight fitting, respirators are used medical clearance, training, fit testing and a respirator cleaning and disinfection procedure need to be established. Contact the EH&S Manager for inclusion in the LCC Respiratory Protection Program.
- * Remove PPE prior to leaving the work area.
- * Remove PPE immediately (or as soon as feasible), if blood or OPIM penetrates the PPE.
- * Non-disposable PPE should be decontaminated/disinfected before reuse.
- * Disposable PPE should **not** be re-used, and should be placed in a designated biohazardous waste receptacle upon removal.
- * Wash hands after removal of PPE.
- * Launder contaminated PPE through a qualified laundry vendor that can process contaminated items. Do not take contaminated work clothing home to launder.

8.1 Natural Rubber Latex (NRL) Health Alert

Contact your supervisor to discuss glove and other barrier protection alternatives. Employees who are allergic to glove materials that are normally provided should have access to at least one of the following: non-latex gloves, glove liners, powderless gloves or similar alternatives.

Natural Rubber Latex (NRL) products contain proteins that may be absorbed through the skin or inhaled and cause allergic reaction in susceptible workers. Studies have indicated that powder, added to gloves to facilitate donning and removal, can serve as a carrier for the allergenic proteins from the NRL. Chemicals used in NRL glove and other glove processing, sanitizers, disinfectants, biocides, oil-based hand lotions and creams,

antioxidants, and glove powders have the potential to cause allergic contact dermatitis or irritant contact dermatitis.

Use of NRL products, especially gloves, may result in a variety of symptoms. Reactions can vary from localized redness and rash or hives to nasal, sinus, and eye symptoms to asthmatic manifestations including cough, wheeze, shortness of breath, and chest tightness; and rarely, systemic reactions with swelling of the face, lips, and airways that may progress rapidly to shock and potentially, death.

8.2 Gloves

- * Utility gloves are sturdy, puncture-resistant, unlined gloves that can be disinfected or sterilized, but need to be replaced when their ability to function as a barrier is compromised (cracked, torn, punctured, etc.). Utility gloves are used for handling of chemicals, contaminated instruments, or housekeeping duties (emptying garbage, handling linen, and spill cleaning up) where risk of accidental puncture wounds is anticipated.
- * Disposable single-use latex, nitrile and/or vinyl gloves can be used when performing housekeeping duties or first aid where there is no accidental puncture wounds or chemical handling anticipated (this does not include emptying trash containers). Disposable latex, nitrile or vinyl gloves are never to be washed and/or reused.
- * Some situations may call for double gloving for best protection.
- * Contaminated Glove Removal Technique: To remove soiled gloves without touching contaminated surface of glove with bare hands:
 - * Pinch with right hand the palm of the glove on the left hand and pull left glove down and off fingers.
 - * Form left glove into a ball and hold in fist of right hand while removing right glove.
 - * Remove right glove by inserting 2 fingers of left hand under inside rim of right glove on palm side.
 - * Push glove inside out and down onto fingers and over left glove.
 - * Grasp gloves that are now together and inside out, with left hand and remove from right hand.
 - * Discard gloves in appropriate designated waste receptacle.
 - * Wash hands.

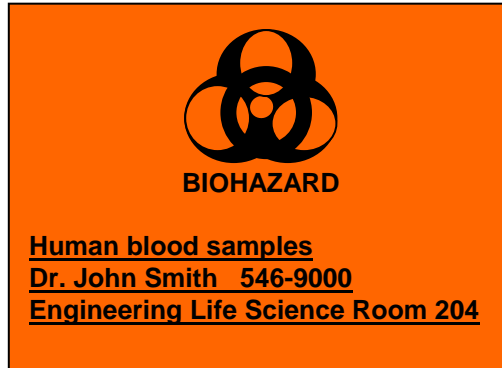
9.0 BIOHAZARD LABELING

Biohazard labels are utilized to identify bloodborne pathogens and potentially infectious materials in containers and packages, as well as, in laboratories.

- * Labels should be affixed on, or as close as feasible, to the biohazard container by adhesive, string, wire, or other method that prevents label loss or unintentional removal, or affixed to equipment to denote what part(s) remain contaminated.
- * Prior to storage, shipment, or transport of individual containers of human blood or other potentially infectious materials, all materials shall be labeled utilizing biohazard labels.
- * Biohazard labels shall:
 - * Identify the name(s) of the infectious agent(s) or bloodborne pathogen(s).
 - * List the name and telephone of the supervisor generating the infectious waste/substance.
 - * Record the building and room number(s) where the contaminant originated.
 - * Be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color such as black.

* May be substituted for by using red bags or red containers instead.

Label Example:



10.0 Contaminated Equipment

Equipment that may be contaminated with bloodborne pathogens must be examined prior to shipping or servicing and shall be decontaminated if necessary and feasible. If not feasible, a readily observable label in accordance with WAC 296-823 must be present and the servicing vendor must be alerted to the contamination.

11.0 TRAINING

Training is required for all personnel that may be involved in spills or otherwise have the potential for occupational exposure to human blood and OPIM. This training must be documented using employee name, job title and LCC ID number. Training records must be retained for at least three (3) years. Records will be maintained by Safety and Security.

Initial training will be provided by Safety and Security on the tasks and procedures identified in this document and then annually thereafter. Additional training must also be provided by the employee's department when an employee is assigned to new duties and when a change occurs in a task that may alter risks of exposure to bloodborne pathogens. Initial and annual training needs to include the items listed in WAC 296-823-12005.

The person conducting the training shall be knowledgeable in the elements of bloodborne pathogen training as it relates to the workplace. The trainer must be available to answer and discuss questions.

12.0 HEPATITIS B VACCINATION

Departmental personnel in job classifications that have been determined to have a risk for occupational exposure and other departmental personnel at the discretion of the supervisor shall or have been offered Hepatitis B vaccinations.

An up-to date, confidential, record of departmental personnel who have completed the Hepatitis B vaccine series will be kept on file in the department. A copy of the LCC Hepatitis B Vaccine Consent/Declination form located in this section should also be kept on file in the department, and a copy sent to the EH&S Manager.

The immunization program is considered valid for at least 15 years, possibly a lifetime. Those completing the series shall have their Hepatitis B titer tested one to two months after completing the series to determine if the vaccine was effective.

Injured person with a documented exposure incident will be titer tested for immunity to Hepatitis B within 48 hours of the exposure incident, if the exposed personnel so requests. Failure of the titer test allows the exposed individual to repeat the vaccination series.

HEPATITIS B VACCINATION INFORMATION

Hepatitis B virus is a viral infection with a major effect on the liver.

The Antigen

Hepatitis B vaccine/recombinant is recommended in persons three months of age or older who have an increased risk of infection. Responsiveness is age dependent, with children showing a more active response to the vaccination than adults. The vaccination appears to provide protection for at least 15 years. The vaccination is given according to United States Public Health Service recommendations, and consists of three doses given intramuscularly in the deltoid area:

- 1st dose: at elected date
- 2nd dose: one month later
- 3rd dose: six months after the first dose.

Risks and Possible Side Effects

Some people will have tenderness at the injection site for a few days. Some will have fevers, chills, headaches, muscular aches or a rash within the first 48 hours. Although no serious adverse reactions attributable to the Hepatitis B vaccination were reported during the course of clinical trials, there is always the possibility that a broader use of the vaccine could reveal adverse reactions not observed in the clinical testing. As with the administration of any vaccine or drug, there is always the possibility of more severe effects, and in rare instances, even death.

Special Precautions

Children, pregnant women, nursing mothers, and persons with severe heart or lung problems should not receive the vaccination series unless they are following specific physician's advice. People with fever should not receive this vaccine. People who have received another type of vaccine in the past fourteen (14) days should see a physician before taking this vaccine.

IF AFTER A VACCINATION, SEVERE REACTIONS, OR ONE LASTING MORE THAN 48 HOURS OCCURS, SEE A PHYSICIAN.

12.1 Hepatitis B Vaccination Consent/Declination Form

**LOWER COLUMBIA COLLEGE
HEPATITIS B VACCINATION CONSENT/DECLINATION FORM**

NAME _____	Department _____
LCC ID Number _____	

HEPATITIS B VACCINE CONSENT

- Yes, I want the vaccine
- Yes, I want the vaccine but will consult my doctor first

Signature _____ Date _____

- No, I decline the vaccine as; I have already received the Hepatitis B vaccination series. Vaccination series was completed on (date and location):

Signature _____ Date _____

HEPATITIS B VACCINE DECLINATION

- No, I am not interested in being vaccinated at this time.
Please read the statement below, mandatory for declinations.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (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 this 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 vaccine series at no charge to me.

Signature _____ Date _____

Request form from the EH&S Manager

13.0 POST EXPOSURE EVALUATION AND FOLLOW-UP

A **confidential** post-exposure evaluation and follow-up, including the necessary prophylaxis and laboratory tests, are provided at no cost to employees who have had an occupational exposure incident to human blood or OPIM. Employees need to go to a healthcare provider and follow-up as soon as possible (within 24 hours).

An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin (e.g., paper cuts, hang-nails, dry cracked skin, dermatitis, etc.) or parenteral (piercing of the skin or mucous membranes) contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Examples of exposure incidents are a needle-stick with a contaminated needle, a cut by a contaminated instrument or glass, a splash to the eye, contact with blood or body fluid during administration of first aid or CPR, spill clean-up, etc.

13.1 Post-Injury Protocol

When a potential exposure occurs:

1. Discontinue procedures immediately, wash/flush recipient's exposure area, and provide first aid.
2. For a needlestick or percutaneous Injury wash hands and wound site with anti-microbial soap and water. "Force-bleed" the wound if wound is not bleeding spontaneously, and flush site generously with water.
3. For exposure to the eye proceed immediately to any eyewash station and flush eye aggressively with water for 15 minutes.
4. Initiate body-fluid clean-up procedures.
5. Obtain Source's name and contact information. Convey need for verification of Source's HBV, HCV, HIV infection status, or need for blood draw from Source to determine if Source has a bloodborne pathogen infection.
6. Injured person report to a healthcare provider for a post exposure evaluation and follow-up (within 24 hours). The post-exposure evaluation and follow-up will be administered by or under the supervision of a licensed physician. The current recommendations of the United States Public Health Service will be followed for this process.
7. Initiate an Accident Report form within 24 hours of the incident.
8. The exposed employee's **confidential** medical evaluation and follow-up should include at least:
 - * The routes of exposure and circumstances of the incident.
 - * The identity and contact information of the source individual, testing of the source individual's blood (after consent), or verification of the source individual's infection with HBV/HIV/HCV.
 - * Collection and testing of the exposed employee's blood after consent.
 - * Post exposure preventative treatment, when medically indicated, as recommend by the United States Public Health Service.
 - * Counseling
 - * Evaluation of reported illness.
 - * The results of source's (if possible), and employee's blood test(s) made available to exposed employee.

13.2 Information Provided to Healthcare Provider

Information provided to the Healthcare Professional includes:

1. A copy of WAC 296-823-160.
2. A description of the exposed employee's duties during exposure.
3. Documentation of routes of exposure and the circumstances of the incident.
4. Results of the source individuals blood testing, if available.
5. All medical records relevant to the appropriate treatment of the employee.

13.3 Healthcare Professional's Written Opinion

The employer, LCC Human Resources, shall obtain and provide the employee with a copy of the health care professional's written opinion within 15 days of the completion of the evaluation. The written opinion, for the purposes of this evaluation shall be limited to that the employee has been informed of the results of the evaluation and any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings shall remain confidential and shall not be included in the written report.

Note: If the health care professional provides the written opinion directly to the employee, LCC is not required to provide the employee with the health care professional's written opinion.

13.4 Exposure Incident Reporting

Bloodborne pathogen exposures shall be reported on the LCC Accident Report form. It should be indicated on the report that an exposure to bloodborne pathogens may have occurred. The following information shall be included when filling out the accident report:

1. The department or work area where the exposure incident occurred.
2. An explanation of how the incident occurred.
3. Engineering controls in use at the time.
4. A description of the device in use at the time of exposure including its type and brand.
5. Protective equipment/clothing in use at the time.
6. Location of injury.
7. Procedure being performed when the incident occurred.
8. The employee's training.
9. Recommendations for avoiding such exposure incidents in the future.
10. A copy of this report needs to be kept on file in the department and routed to the Human Resources Department.

13.5 Sharps Injury Log

LCC is required to maintain a sharps injury record (for 5 years). This is accomplished by reporting contaminated sharps injuries to Human Resources on a completed Accident Report form. Human Resources lists the sharps injuries on the OSHA 300 log.

14.0 RECORDKEEPING

Establish and maintain confidential medical records for employees with risk of occupational exposure and a sharps injury log according to WAC 296-823-17005.

15.0 ANNUAL BLOODBORNE PATHOGEN REVIEW

The Exposure Control Plan will be reviewed annually and anytime changes in tasks involving bloodborne pathogens warrant review to ensure that all tasks and job classifications involving bloodborne pathogen exposure are addressed in the plan. New technologies available to reduce or eliminate exposure to bloodborne pathogens must be evaluated for implementation in job duties. Retraining of employees must also include soliciting suggestions from them on alternate methods for reducing or eliminating exposure to bloodborne pathogens. The bloodborne pathogen training form also provides space for employee input on alternate pathogen control methods. Employees are encouraged to make suggestions anytime throughout the year.

The chart below is to be filled out on an annual basis by the EH&S Manager or whenever tasks involving bloodborne pathogens change. If there are no new tasks in a year, please indicate that, with a note that the plan has been reviewed with no changes. As procedures and personnel needs change it is important to keep training, and this plan up to date. It is also important to stay abreast of advances in new engineering or procedural advances which increase protection. This review allows the opportunity to accomplish these tasks.

Date Reviewed			
Reviewer(s)			
New Tasks			
New Positions			
New Technology			
SOP Changes			
Form updates			
Records up-to-date			
Training Done			

16.0 BIOHAZARDOUS WASTE

DEFINITION

Regulated biohazardous waste is generally defined as any waste that can cause an infectious disease or that reasonably can be suspected of harboring human pathogenic organisms. It is also known as medical waste, red bag waste, infectious waste, potentially infectious waste and biomedical waste.

Waste containing bloodborne pathogens is a biohazardous waste. **Regulated bloodborne pathogen waste** is defined in WAC 296-823 as: "liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM."

BIOHAZARDOUS WASTE PROCEDURES

Biohazardous waste requires special handling and is regulated by the State of Washington. Biohazardous waste is not to be placed in the regular trash stream. To prevent occupational exposure from biohazardous waste and comply with regulations:

- * Dispose of biohazardous waste through the State's Biohazardous waste vendor, "Stericycle." Contact Stericycle for information on account set-up and requirements for biohazardous waste disposal, characterization, appropriate containers, and labeling so waste pick-ups are not refused (www.stericycle.com).
- * Wear gloves when handling biohazardous waste.
- * Identify and segregate biohazardous waste at point of use.
- * Discard biohazardous wastes immediately, or as soon as feasible, in closeable, puncture-resistant, leak-resistant containers/bags.
- * Double-bag biohazardous waste prior to handling, storing, and/or transporting, if outside of bag is contaminated with blood or OPIM.
- * Place contaminated sharps in approved sharps containers.
- * Label outside of biohazardous waste containers/bags the word "Biohazard," your name, department name, and contents of bag.
- * Autoclave specimens and cultures from laboratories before disposal in the regular trash, or treat as biohazardous waste, if autoclaving is not possible.
- * Even if autoclaved, waste in "red bags" is not to be placed in the regular trash. Containers need to be used for autoclaved waste that distinguishes it from biohazardous waste in the trash stream.
- * Department's that generate biohazardous waste must establish a designated biohazardous waste storage area, and a waste pick-up schedule with Stericycle.
- * Custodians and Safety and Security are to use designated custodial closets, for biohazardous waste storage area. Nursing, childcare, and laboratories are to establish their own designated biohazardous waste storage area.
- * Campus Services personnel are not to transport biohazardous waste for other departments.
- * Contact the EH&S manager with questions.

BIOHAZARDOUS WASTE IDENTIFICATION for VENDORS

Transportation and disposal vendor personnel who handle biohazardous waste materials shipped from LCC must be informed of the identity of any biological agent present in the waste, which may present a health threat to them or the environment. This is accomplished by labels/tags, which include the required information. It is the responsibility of the appropriate Campus Services, Security and Security, Nursing, or Childcare personnel to provide this information to the transportation/disposal company.

Transportation and disposal personnel who handle biohazardous waste materials must be informed when:

- * The biohazardous material presents a threat to the health of wild or domestic animals in case of an accidental release during shipment or disposal.
- * The biohazardous material contains recombinant DNA.

17.0 CONTAMINATED SHARPS DISPOSAL

DEFINITION

The Department of Transportation (DOT) defines sharps as "any object that may be contaminated with an infectious substance, and is able to cut or penetrate the skin or packaging material." Sharps include, but are not limited to, contaminated hypodermic syringes and needles, culture slides, scalpels, razor blades, lancets, broken plastic and glass, pipettes, and capillary tubes.

APPROVED SHARPS CONTAINER

Sharps containers used for discarding contaminated needles, etc. must be easily assessable to personnel, closable, puncture resistant, leak-proof on the sides and bottom, and appropriately labeled and/or color-coded. Additionally, sharps containers must:

- * Have well designed needle unwinders, which do not create additional hazards, allow employees to use the unwinders with a one-handed technique, and provide secure needle capture that prevents movement of the needle while it is being removed.
- * Be designed so that it is easily and safely determined when the containers are full so containers are not overfilled.
- * Be stable when placed on horizontal surfaces, and when placed in trays, holders, or enclosures as per manufacturer's directions.
- * Be maintained upright, and closed when moved or replaced.

Sharps containers may be purchased with help from the EH&S Manager:

SHARPS DISPOSAL

Sharps contaminated with biohazards are considered regulated waste and must be disposed of through the State licensed biohazardous waste vendor, Stericycle. **Improperly discarded sharps** pose a particular exposure hazard to refuse and recycle collection personnel, on and off campus. To prevent injuries and comply with State law, those who use sharps are to follow the disposal precautions indicated below:

- * Place all used sharps in an approved sharps container marked with a biohazard label.
- * Sharps are to be disposed of through the State licensed infectious waste vendor, Stericycle.
- * Do not overfill the sharps container. Overfilling prevents the butterfly closure vanes from automatically closing and increases risk of needle-stick injury. Fill the sharps container no further than up to the butterfly closure base.
- * Do not recap needles on syringes after use.
- * Do not separate needles from syringes prior to disposal.
- * Needle cutting prior to discarding is no longer permitted. The action of cutting the needle can cause aerosol contamination of personnel as well as the surrounding surface with residual infectious, toxic, or carcinogenic materials.
- * When full, close the top of the container. Pack container according to Stericycle instructions. Place container in the department's designated biohazardous waste storage area.
- * Replace container (ensure that a replacement sharps container is available at all times).
- * Call Facilities Operations for disposal of improperly discarded sharps (needles, broken glass, etc.) Don't pick-up sharp unless you have been trained how to do so safely. Never pick-up sharp directly with hands; use tongs, tweezers, dustpan, etc.
- * Direct questions to the Environmental Health and Safety Manager.

18.0 GLASS DISPOSAL PROCEDURES

NON-CONTAMINATED GLASS DISPOSAL PROCEDURES

Designated waste glass collection containers are required, as containers need to be designed and maintained so laboratory, custodial, and solid waste collection personnel can handle them easily and safely. The total weight of a glass disposal container ready for removal by custodians may not exceed 40 pounds. This limit includes both the weight of the glass and the weight of the container. Also, the container must be designed so there is no failure of the integrity of the container during transport, which could expose laboratory or service personnel to cutting or puncture hazards.

Non-contaminated glass waste is to be placed in designated containers and disposed through Campus Services. Contact the Head of Custodial Services for appropriate glass disposal containers. Custodians are not required to dispose of glass, which is not placed in containers approved by Campus Services. Campus Service personnel is not to handle waste glass collection containers over 40 pounds or that could rupture during handling.

Label containers "Caution Glass Waste," building and room #. Line the container with 4.0 ml plastic bag liner. When full, close bag and secure with twist tie, place lid on container, and tape around entire lid lip to firmly secure lid. Call Campus Services for disposal.

CONTAMINATED GLASS DISPOSAL PROCEDURES

Contaminated glass refers to glass, which is contaminated by radiation, acutely hazardous chemicals, or biologically hazardous material. Don't put contaminated glass in regular trash receptacles; special handling is required. **The generating department is responsible for the proper handling and disposal of contaminated glass.** Custodians should not handle contaminated glass. Contact the EH&S Manager with questions.

Radiation Contamination: Glass contaminated with radiation requires special handling; do not place in regular trash receptacles.

Biohazard Contamination: Glass that is contaminated with infectious materials needs to be: 1) decontaminated and disposed as non-contaminated glass, or
2) placed in sharps container and disposed of through the State licensed infectious waste contractor, Stericycle.

Acutely Hazardous Chemical Contamination: Glass containing acutely hazardous chemicals need to be disposed of through a licensed hazardous waste contractor, or triple rinsed and disposed of as non-contaminated glass. The rinseate from this procedure needs to be disposed of as hazardous waste using the State's licensed hazardous waste contractor.

19.0 HANDLING AND EMPTYING TRASH

Contaminated sharps (needles, broken glass, lab glassware, etc.) improperly disposed of in trash receptacles presents a potential for exposure to bloodborne pathogens and other infectious agents for trash and recycle material handlers. When handling recycle/trash:

- * Wear utility or leather gloves.
- * Look into bag/receptacle for presence of sharps before handling. If sharps are noted, leave bag/receptacle in place and notify security.
- * Avoid reaching into bag or receptacle to push down on or compact trash.
- * Do not transport a trash bag with suspect integrity without double bagging, and placing in rigid container for transport.
- * Close and tie trash bag opening before extracting from receptacle.
- * Look at bag as it is pulled from container for presence of sharps “sticking” out of the bag. If sharps are noted, place bag back into receptacle and notify department and custodial lead.
- * The department that improperly discarded the sharp should be able to identify trash contents and give better idea of degree of hazard. Proceed with handling of bag according to information obtained from department and your supervisor’s instructions.
- * If sharps are found, and removal is decided upon, first obtain appropriate sharps disposal container, use tongs, etc. to retrieve sharp, not hands, place sharp in sharps container and take to the appropriate sharps disposal area.
- * Do not throw improperly discarded sharps into the trash compactor.

20.0 HANDWASHING

GENERAL HAND-WASHING PROCEDURE

To wash hands:

- * Remove jewelry.
- * Turn on water.
- * Moisten hands.
- * Wash vigorously with soap on all surfaces of the hands for 10-15 seconds (do not use brush).
- * Clean between fingers, under and around nails, wrists, and backs of hands.
- * Rinse well, at least 10 seconds.
- * Dry hands with paper towel.
- * Use paper towel on faucets to turn off water.
- * Discard towel.

POST-EXPOSURE HAND-WASHING PROCEDURE

To wash hands:

- * Remove jewelry.
- * Run cool water at the sink and wet hands and arms.
- * Remove visible debris from hands and arms with appropriate anti-microbial hand wash/soap (do not abrade skin by using a brush or sharp instrument).
- * Dispense sufficient antiseptic hand wash/soap to cover hands, wrists, and forearms.
- * Lather hands, wrists, and forearms.
- * Rub anti-microbial hand wash/soap onto all areas for a minimum of 15 seconds before rinsing under cool water, with particular emphasis on areas around and under nails, and between fingers.
- * Rinse with cool water, beginning with the fingers and working towards the elbows, for a minimum of 10 seconds.
- * Reapply soap, lather thoroughly, and rinse again, following the directions above.
- * Dry hands completely with paper towels, then dry forearms.

- * Use paper towel on faucets to turn off water.
- * Discard towel.

21.0 DISINFECTANT FOR BLOOD AND BODILY FLUID SPILL CLEAN-UP

Not all disinfectants kill bloodborne pathogens. WISHA's requires disinfectants for bloodborne pathogens to be EPA registered and approved to kill HIV-1 and HBV. In some blood and body fluid clean-up situations the disinfectant also has to be tuberculocidal. See: <http://www.epa.gov/oppad001/chemregindex.htm> for EPA registered tuberculocidals (List B), Sterilants (List A) and products registered against HIV/HBV (List D)

Each disinfectant brand has different mixing instructions, and shelf life. Read product label. Some dilute solutions of disinfectant may have a shelf life of 7 days or less. WISHA accepts bleach solution (1:10 solution for spills and 1:100 solution for routine cleaning) as a bloodborne pathogen disinfectant.

BLEACH SOLUTION

When bleach solution is used, mix as follows for a 1:10 solution:

- * Clearly label container with "bleach."
- * Mix 1 part bleach and 9 parts water. For a 1:10 solution, mix 3 ounces of bleach with 1 quart water or 1 1/2 cups bleach with 1 gallon water.
- * Use **cool** water.
- * Allow at least 10-minute contact time for the bleach solution.
- * Prevent bleach solution mixing with soap or detergent, as any organic material will inactivate the hypochlorite ingredient.
- Keep bleach solutions away from ammonia.
- Needs to be made fresh every 30 days to ensure potency.

22.0 EQUIPMENT AND ENVIRONMENTAL SANITATION

Departments are responsible for clean-up, maintenance, and decontamination of work surfaces, devices, and equipment in the work area on a regularly scheduled basis. Departments are also responsible for clean up of small spills, but only if employees have been trained in spill clean-up procedures. The custodial staff cleans and decontaminates waste receptacles and floors, and are responsible for larger spill clean up of blood and OPIM.

Routine environmental and equipment cleaning procedures are:

- * List surfaces, devices and equipment, which may become contaminated with blood or OPIM including bins, pails, and cans, intended for reuse.
- * Establish a schedule of cleaning, decontamination, maintenance, and replacement of surfaces, devices and equipment, which may become contaminated with blood or OPIM (frequency of cleaning and maintenance can be when contaminated, after each use, between patients, end of shift, daily, weekly, etc.).
- * Use appropriately effective disinfectant.
- * Decontaminate work surfaces with appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated, or after any spill of blood or OPIM, and at the end of the day.
- * Replace equipment's disposable protective coverings immediately or as soon as feasible after contamination.
- * Establish a replacement and/or cleaning schedule for equipment's protective coverings.
- * Clean up spills of blood and OPIM as soon as feasible.
- * Take precautions that sharps do not enter the regular trash containers.

23.0 SPILL CLEAN-UP PROCEDURE FOR BLOOD AND BODY FLUIDS

With the exception of small blood and body fluid spills occurring in clinics, laboratories, or after minor first aid procedures, Custodians are responsible for the clean up of blood and body fluids. Clinic, laboratory, or minor first aid spills are the responsibility of departmental faculty/staff. Small spills are generally considered to be 1 cup or less of blood or body fluid. Contact the EH&S Manager for technical assistance concerning blood and body fluid spill clean up.

MINOR BLOOD & BODY FLUID SPILL CLEAN UP

For small spills of blood and body fluids:

- * Alert people in the area of the spill and ask them to avoid the area temporarily.
- * Don appropriate personal protective equipment (PPE): minimum PPE is utility gloves and safety glasses with side-shields.
- * Broadcast spray spill with disinfectant, and wait the required contact time of 10 minutes.
- * Remove sharps from spill by use of mechanical devices such as forceps, tongs or dustpan and brush; never use hands to remove sharps.
- * Dispose of sharps into a sharps container.
- * Wipe up spill with paper towel/absorbent.
- * Broadcast spray disinfectant on spill area, and wait the required contact time of 10 minutes, allowing disinfectant to air dry.
- * Disinfect any reusable spill equipment.
- * Remove gloves.
- * Dispose of single-use gloves or disinfect reusable utility gloves.
- * Wash hands.
- * Ensure proper disposal of spill clean-up materials.

CUSTODIAL BLOOD & BODY FLUID SPILL CLEAN-UP

Custodians will:

- * Establish a spill perimeter to prevent through traffic by use of "Caution" or "Wet Floor" signs/tape, barriers, and/or Safety personnel.
- * Don appropriate personal protective equipment (PPE): minimum PPE is utility gloves and goggles/safety glasses with side-shields.
- * Contain the spill when necessary.
- * Remove sharps from spill by use of mechanical devices such as tongs or dustpan and brush; never use hands to remove sharps.
- * Dispose of sharps into a sharps container.
- * Clean up the blood/body fluid using mop and bucket system with disinfectant water. Change disinfectant water as necessary.
- * With disinfected or clean mop and fresh disinfectant water mop floor a final time. Allow spill to air dry (at least 10 minutes) for proper disinfectant contact time to occur.
- * Remove perimeter barriers/signs.
- * Disinfect any reusable spill equipment.
- * Remove gloves.
- * Dispose of, or disinfect reusable utility gloves.
- * Wash hands.
- * Ensure proper disposal of spill clean-up materials.

Note: Blood & Body Fluid Spill Procedure for Carpets

Follow procedures in section 23.0 with one exception; use a carpet extractor instead of the mop/bucket system.

Note: Dried Blood & Body Fluid Spill Clean-up Procedure

Follow procedures in section 23.0. Use enough disinfectant to liquefy the dried blood and body fluid, to allow clean up.

24.0 RESPIRATOR CLEANING PROCEDURES

Each LCC respirator user shall be provided with a respirator that is clean, sanitary, and in good working order. The supervisor of a LCC employee wearing a respirator shall ensure that the respirator is cleaned and disinfected using the procedures below, or using procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness.

1. Respirators shall be cleaned and disinfected at the following intervals:
 - * Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.
 - * Respirators issued to more than one employee shall be cleaned and disinfected before being worn by different individuals.
 - * Respirators maintained for emergency use shall be cleaned and disinfected after each use.
 - * Respirators used in fit testing and training shall be cleaned and disinfected after each use.
2. Respirator Cleaning and Disinfecting Protocol
 - * Remove filters, cartridges, or canisters. Disassemble face piece by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
 - * Wash the components in warm (<43°C [110°F]) water with a mild detergent, such as dish soap, or other cleaner suggested by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
 - * Rinse components thoroughly in clean, warm (<43°C [110°F]), preferably running water. Drain.
 - * When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
 - Hypochlorite solution (50ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at <43°C (110°F); or,
 - Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
 - * Rinse components thoroughly in clean, warm (<43°C [110°F]), preferably running water. The importance of thorough rinsing cannot be overemphasized, as detergents or disinfectants that dry on face pieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
 - * Drain.
 - * Components should be hand-dried with a clean lint-free cloth or air-dried.
 - * Reassemble face piece, replacing filters, cartridges, and canisters where necessary.
 - * Test the respirator to ensure that all components work properly.

25.0 FIRST AID INVOLVING BLOOD AND BODILY FLUIDS

Call 2911 for first aid emergencies. For minor first aid, caregivers should don protective gloves before rendering first aid, and act in a supportive roll as much as possible. Whenever feasible, encourage employee/student to care for their own minor bleeding injury and to apply their own bandages. In case of exposure to blood and body fluids while giving first aid see section 23.0 of this procedure.

26.0 SAFETY AND SECURITY PROCEDURES

Universal Precautions shall be used at all times when the situation allows. It is generally recognized that security officers may find themselves in situations where the risk for personal safety out weighs the risk of using Universal Precautions.

All evidence that contains blood and body fluids will be handled by local law enforcement personnel.

I have read and understand the college's blood borne pathogen plan and have had an opportunity to provide suggestions for reducing or eliminating exposures to blood borne pathogens. My comments are attached to this training report in the following format:

Date: _____ Employee Signature: _____

Employee Exposure Control Suggestion(s): _____
