

Palm Beach State College

Florida's First Public Community College



**EXPOSURE CONTROL PLAN
FOR BLOODBORNE PATHOGENS**

2017

Palm Beach State College

Exposure Control Plan for Bloodborne Pathogens

POLICY

Palm Beach State College is committed to providing a safe and healthful work environment for its entire workforce. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the OSHA regulation at Title 29, Code of Federal Regulations, Part 1910, Paragraph 1030, "Bloodborne Pathogens," abbreviated 29 CFR 1910.1030. The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal Precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
 - Laundering
 - Labeling
 - Hepatitis B vaccination
 - Post-exposure evaluation and follow-up
 - Procedures for evaluating circumstances surrounding exposure incidents
 - Communication of hazards to employees and training
 - Recordkeeping

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

RESPONSIBILITIES

The Safety & Risk Department (Lake Worth campus at 561-868-4015) is responsible for overall implementation of the ECP. The department will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures that affect occupational exposure, to include progress with engineering controls, new or revised job position(s) that involve occupational exposure, reviews and evaluations of exposure incidents that have occurred since the previous update and reviews indicating any deficiencies in the ECP. All employees are encouraged to provide suggestions on improving the procedures they perform in their job responsibilities. Solicitation of employee input will normally occur in conjunction with the annual refresher training provided by the Safety & Risk Department.

Those employees who are determined to have a potential for occupational exposure to human blood or other potentially infectious materials (i.e., various human body fluids, as specified in the OSHA regulation, abbreviated OPIM) must comply with the procedures and work practices outlined in this ECP.

OPIM includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. It also includes any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV. It does not include vomit, fecal matter or urine per se, unless they are visibly contaminated with blood.

The department in which the employee having a potential for exposure to blood or OPIM works will provide and maintain all necessary personal protective equipment (PPE). Engineering controls (e.g., sharps containers), labels and biohazard ("red bag") containers may be located in various places on a particular campus, and the department having such employees is responsible for ensuring that they are aware of these locations. The department maintaining sharps containers and red bags is responsible for labeling of biohazardous waste, complying with proper pick-up procedures for regulated waste and maintaining documentation of regulated waste removal by an authorized agent.

Regulated waste means liquid or semi-liquid blood or 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 waste containing blood or OPIM.

The Safety & Risk Department is responsible for ensuring that all medical actions required by the standard involving employees from non-academic departments are performed and that appropriate employee health and OSHA records are maintained. The academic departments having employees affected by the standard are responsible for ensuring that required medical actions and recordkeeping for those employees are performed.

The Safety & Risk Department is responsible for training of employees from non-academic departments, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. The academic departments are responsible for conducting training of their employees and maintaining documentation of such training.

EMPLOYEE OCCUPATIONAL EXPOSURE DETERMINATION

“Occupational exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood and OIPM that may result from the performance of an employee’s duties. Parenteral contact means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

The following is a list of all job classifications at Palm Beach State College in which all employees have a potential for occupational exposure:

Table 1: Job Classifications Where All Employees Have Occupational Exposure

Position Title	Department	Task or Procedure
Adjunct/Full-Time Faculty, Clinical Coordinator, Dental Clinician	Health Sciences (Academic Department)	Instruction of students in dental procedures in the dental hygiene and dental assisting programs
Adjunct/Full-Time Faculty (Surgical Technology, Practical Nursing, Patient Care Assisting, Nursing, Medical Assisting)	Health Sciences (Academic Department)	Needlesticks during instruction of students in administration of IV’s or capillary finger punctures
Security Officer	Security	Providing first aid or responding to incidents or emergencies involving blood or OPIM as a “First Responder”
Custodian	Facilities	Handling of regulated waste, cleanup of blood and OPIM or contaminated equipment
Plumber	Facilities	Performing maintenance or repairs on sanitary facilities or equipment contaminated with blood or OPIM
Maintenance Mechanic	Facilities	Performing Custodian and Plumber duties; providing first aid to other Maintenance Mechanics who suffer cuts or lacerations while working around equipment

Contract custodians under the supervision of the Facilities Department also fall under this category of exposure. The contractor is responsible for ensuring that the bloodborne pathogen standard is satisfied for their employees before they begin work at Palm Beach State College. The Safety & Risk Department will ensure that the contractor has established a bloodborne pathogen exposure control plan and provides appropriate training for its employees.

The following is a list of Palm Beach State College job classifications and their associated tasks and procedures in which some employees have a potential for occupational exposure.

Table 2: Job Classifications Where Some Employees Have Occupational Exposure

Position Title	Department	Task or Procedure
Adjunct/Full-Time Faculty, Clinical Coordinator (EMT, EMS/ Paramedic)	Public Safety (Academic Department)	Needlesticks during instruction of students in administration of IV's or capillary finger punctures
Adjunct/Full-Time Faculty (Crime Scene Technology)	Public Safety (Academic Department)	Contact with blood or OPIM during crime scene investigation activities

Students interacting with patients/subjects in an instructional or field setting (e.g., those in crime scene investigating, dental hygiene, dental assisting, surgical technology, practical nursing, patient care assisting, nursing and medical assisting) may also experience exposure to blood and OPIM, e.g., needlesticks during administration of IV's or capillary finger punctures, contact with blood or OPIM during crime scene investigation activities or contact with blood during dental procedures. These incidents will be handled in accordance with procedures established by the academic department or hospital in which the incident occurs. E.g., students experiencing a bloodborne pathogen incident while participating in an externship setting will be treated at the scene in accordance with the Exposure Control Plan and procedures established by that facility. The academic department should ensure that these procedures conform to the essential elements of this Exposure Control Plan (i.e., adherence to Universal Precautions, following correct work practices, wearing appropriate PPE, administration of Hepatitis B vaccinations, post-exposure evaluation and follow-up, training and recordkeeping), and that they are followed for the affected students.

IMPLEMENTATION AND CONTROL

Universal Precautions

All employees and students will utilize Universal Precautions, which is an approach to infection control that presumes that all blood and body fluids are contaminated. Contact with these materials is avoided at all times by the use of protective barriers, such as latex or nitrile gloves, aprons, goggles, face shields, etc. In addition to engineering controls, this presumption, together with following appropriate work practices and the use of the types of personal protective equipment noted above, will ensure that employee contact with contaminated blood and OPIM is eliminated or minimized.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. The ECP will also be reviewed in an annual refresher training session. All employees can review this plan at any time during their work shifts either by contacting the Safety & Risk Department or accessing the ECP online at the Safety and Risk Management web site. Upon request, the Safety & Risk Department will provide an employee with a copy of the ECP free of charge and within 15 days of the request. The Safety & Risk Department is responsible for reviewing and updating the ECP annually or more frequently as described in the Responsibilities section above.

Engineering and Work Practice Controls

Engineering controls are provided by Palm Beach State College as a means of isolating or removing bloodborne pathogens from the workplace. Departments with employees having a risk of exposure to bloodborne pathogens are responsible for ensuring that their employees are aware of the location of such controls. Departments having such controls are responsible for their maintenance. These controls include, but are not limited to:

- Hand-washing facilities (or antiseptic hand cleanser and towels or antiseptic towelettes), which are readily accessible to all employees who have potential for exposure.
- Needle devices that effectively reduce the risk of an exposure incident, e.g., self-sheathing needles.
- Containers for contaminated sharps that are leak-proof, color-coded or labeled with a biohazard warning label and leak-proof on the side and bottom. Sharps disposal containers are inspected and maintained or replaced by the department maintaining the container whenever necessary to prevent overfilling.

Work practice controls involve altering the manner in which the job is performed to minimize the potential for exposure to bloodborne pathogens. Departments with employees having a risk of exposure to bloodborne pathogens are responsible for establishing appropriate work practice controls and ensuring that their employees follow them. Correct work practices include, but are not limited to:

- Wearing gloves when handling or cleaning up blood or OIPM, decontaminating contaminated equipment and handling regulated waste.
- Washing hands immediately with soap and water, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment or following any contact of body areas or exposed skin with blood or OPIM. Exposed mucous membranes are also flushed with water.
- Proper handling and disposal of clean-up materials, used bandages and gauze, linens and all other emergency items that come in contact with blood and OPIM.
- Prohibiting of recapping, removing, bending, shearing or breaking contaminated needles and other contaminated sharps unless it can be demonstrated that there is no feasible alternative or the action is required by specific procedure. In these instances, the recapping or needle removal is to be accomplished through the use of a mechanical device or a one-handed technique.
- Prohibiting the passing uncapped needles to others. If a needle needs to be passed, it should be set down on a surface for the other person to pick up in order to reduce the potential for sticking the recipient.
- Placement of contaminated reusable sharps into appropriate containers immediately, or as soon as possible, after use.
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is potential for exposure to bloodborne pathogens.
- Disinfection of Wellness Center exercise equipment between each user.
- Prohibiting storage of food and drink in refrigerators, freezers, on shelves or countertops or in other storage areas where blood or OPIM are present.
- Prohibiting mouth pipetting/suctioning of blood or OPIM.
- Placement of specimens of blood or OPIM in designated leak-proof containers, appropriately labeled, for handling and storage.
- Placement within an appropriately labeled secondary leak-proof container for handling and storage of a primary specimen container if outside contamination of the primary container occurs. If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.
- Examination of equipment which becomes contaminated prior to servicing or shipping and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
- Affixing of an appropriate biohazard warning label to any contaminated equipment, identifying the contaminated equipment and identifying the contaminated portions.
- Following proper housekeeping and clean-up or decontamination procedures, as described below.

The Safety & Risk Department will evaluate new products or procedures and identify the need for changes in engineering controls and work practices or the ECP through the following:

- Review of accident/incident reports.
- Inspections or reviews by the Safety & Risk Department or outside agencies.

- Review of safety and health-related manuals and publications.
- Review of employee complaints or suggestions.
- Solicitation and review of input from non-managerial employees during conduct of annual refresher training for affected employees.
- Response to queries or suggestions from management.
- Input from the campus safety committees.

The Safety & Risk Department is responsible for ensuring that appropriate recommendations developed out of these measures are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our affected employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided to non-academic organizations by the Safety & Risk Department. The academic departments are responsible for providing PPE training to their employees, as necessary, with assistance from the Safety & Risk Department, as requested.

The types of PPE available to affected employees include:

- Latex or nitrile gloves.
- Aprons or gowns.
- Goggles or other eye protection.
- Face shields.

Each department is responsible for obtaining and providing PPE to its affected employees and for maintaining supplies at locations determined by them. Employees requiring PPE should contact their supervisors to obtain it.

All employees using PPE must observe the following precautions:

- Wash hands with soap and water immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- If not regulated waste (see discussion above), PPE may be disposed of in the normal trash. If considered regulated, dispose of used PPE in biohazard (“red bag”) containers located as follows:
 - Lake Worth Campus—In the Dental Health Laboratory and NS 210, 223, 212, 215, 114, 121 in the Natural Science building.
 - Boca Raton Campus—In the CB106, CB 107 and CB108 laboratories in Classroom Building B.
 - Palm Beach Gardens Campus—In the SC231, SC232, SC235, and SC 236 laboratories in the BioScience Technology Complex.
 - Belle Glade Campus—In the Cosmetology Laboratory in the Technical Education Center.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or

surfaces. Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

- Decontaminate utility gloves intended for reuse only if their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- 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.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM in such a way as to avoid contact with the outer surface.

Housekeeping

Materials, such as gloves and other PPE, gauze, dressings, paper towels, etc., contaminated with blood may be disposed of in the normal trash as long as they would not release blood in a liquid or semi-liquid state when compressed. Contaminated materials that would release blood must be disposed of as regulated waste. Regulated waste is to be placed in biohazard (“red bag”) containers, located as indicated in the section above, which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”) and closed prior to removal to prevent spillage or protrusion of contents during handling. OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. The intended function of products such as sanitary napkins is to absorb and contain blood; the absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. OSHA expects these products to be discarded into waste containers which are lined in such a way as to prevent contact with the contents, e.g., plastic or a wax paper bag. Employees who handle the contents of waste containers should wear latex or nitrile gloves.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms and appropriately labeled or color-coded. Sharps disposal containers are available in those areas of each campus where sharps are used.

General housekeeping measures for eliminating or minimizing exposure to blood and OPIM include the following:

- Use of a disinfectant. EPA-registered tuberculocidal disinfectants are appropriate for the cleaning of blood or OPIM. In the absence of EPA-registered disinfectants, a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water (e.g., approximately two cups of chlorine bleach in one gallon of water) is also acceptable for cleaning contaminated surfaces. Paper towels or rags are first placed over the entire contaminated area (which helps to prevent splashing of the bleach solution when it is poured), then the bleach solution is poured, avoiding any splashing, or misted using a spray bottle over the entire contaminated area, and allowed at least ten minutes of contact time.

- Removal and replacement of protective coverings such as plastic wrap or aluminum foil whenever they become visibly contaminated.
- Inspection and cleaning/decontamination before intended re-use of any bins, pails, cans or other similar receptacles as soon as feasible after visible contamination.
- Handling of broken glassware with only mechanical means, e.g., brush and dustpan, tongs or forceps. If visibly contaminated, the mechanical device used is to be decontaminated if possible or discarded as OPIM.

Laundering

No blood- or OPIM-contaminated articles will be laundered by Palm Beach State College. All such contaminated articles will be laundered by outside contractors available through purchase orders for laundering services. The following measures must be followed when handling blood- or OPIM-contaminated articles:

- Handle blood- or OPIM-contaminated laundry as little as possible, with minimal agitation.
- Place wet blood- or OPIM-contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use biohazard (“red bag”) containers for this purpose.
- Wear the appropriate PPE, i.e., gloves and aprons, when handling and/or sorting blood- or OPIM-contaminated laundry.

Note: The Wellness Center at each campus may launder towels used to clean or wipe down exercise equipment after use. This activity involves no handling of blood or OPIM-contaminated articles and is not covered by this ECP.

Labeling

The universal biohazard symbol will be used at Palm Beach State College to label contaminated sharps containers, refrigerators or other storage facilities containing blood, OPIM or other biological materials and containers of regulated waste, e.g., “red bags”.



Universal Biohazard Symbol

Labels are fluorescent orange or orange-red, or predominantly so, with the lettering and symbols in a contrasting color.

Appropriate supervisory personnel within the department generating the contaminated sharps or regulated waste are responsible for establishing procedures for labeling and for ensuring that warning labels are affixed as required. Employees are to notify their supervisors if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

The Safety & Risk Department will provide training to non-academic department employees on Hepatitis B vaccinations, addressing safety, benefits (e.g., lifetime immunity), efficacy, methods of administration and availability. The academic departments having employees covered by the standard are responsible for providing this training to those employees. The Hepatitis B vaccination series is available and offered at no cost to all employees identified in the exposure determination section of this plan after initial employee training and within 10 days of initial assignment or following any exposure incident if not previously vaccinated. If a student decides to take the vaccination after an exposure incident, it will be at his/her initial expense through the student's personal health insurance. The carrier for the student's accident/educational training insurance coverage from the College will reimburse the student for any out-of-pocket deductible or co-pay costs after the receipt/bill is received. If the student has no personal health insurance, the student's accident/educational training insurance will reimburse all covered medical costs up to the limit of the policy. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the complete Hepatitis B series.
- Antibody testing reveals that the employee is immune.
- The vaccine is contraindicated for medical reasons.

Vaccination may be provided by a contracted licensed health care professional (LHCP) at either the affected employee's work location or the office of the LHCP; a "walk-in" urgent care clinic; or the Palm Beach County Health Department (PBCHD). Experience up to this time indicates that the least cost alternative for providing the vaccination series (first shot; second shot after 30 days; third shot six months after that) to an individual is through the PBCHD. Information regarding the County's Hepatitis B immunization program is shown in Attachment A.

If an employee or student declines the vaccination, they must sign a declination form (see Attachment B, Hepatitis B Vaccine Declination Form). Individuals who decline the vaccination initially but at a later date while still covered under the standard decide to accept the vaccination may request and obtain the vaccination, with payment as provided above. Documentation of refusal of the vaccination for non-academic department employees is kept in the Safety & Risk Department files. Academic departments having employees or students covered by the standard will maintain documentation of refusal of the vaccination for those employees.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is deemed to have occurred when an employee comes into contact with blood or OPIM which enters his/her body through non-intact skin (e.g., an open cut or wound, acne, skin abrasion, etc.); the eye, nose, mouth or other mucous membrane (e.g., through splashing or spraying); or parenterally, occurring during the performance of his/her duties. Mere contact with blood or OPIM, e.g., on the surface of intact PPE, does not constitute an exposure incident, unless the PPE has been compromised or was not being worn and the blood or OPIM was allowed entry into the body via one of the means described above.

Should an exposure incident occur, contact Security. Security personnel will ensure that appropriate immediate response actions are taken and will document the incident in an Accident – Incident Report, which is communicated to the Safety & Risk and Human Resources Departments, as well those departments whose employees were involved. For employees in non-academic departments, the Safety & Risk Department is responsible for ensuring that an immediately available confidential medical evaluation and follow-up is conducted by a contracted LHCP at no cost to the employee. Any costs for testing, medication, evaluation and formulation of a written opinion for the employee would be covered by the employee's Worker's Compensation insurance.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent, per Florida Statutes 381.004, and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the exposed employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Academic departments having personnel covered by the standard are responsible for undertaking these actions for those employees, as well as for their students. Costs for those employees would be covered by Worker's Compensation insurance. For students,

these costs would be covered by the individual's personal health insurance, with any out-of-pocket deductible or co-pay reimbursed by the student's accident/educational training insurance. In the absence of any personal insurance, the student's accident/educational training insurance will reimburse all medical costs up to the limits of the policy.

In the event that the affected employee or student declines a post-exposure evaluation, this should be documented by having them complete a Declination of Post-Exposure Evaluation Form (see Attachment C).

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

For non-academic departments, the Safety & Risk Department will ensure that the contracted LHCP (typically the College's Worker's Compensation physician) responsible for the exposed employee's Hepatitis B vaccination and post-exposure evaluation and follow-up is given a copy of OSHA's bloodborne pathogens standard and receives the following information:

- Description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure.
- Circumstances of exposure.
- Results of the source individual's blood test, if possible.
- Relevant employee medical records, including vaccination status.

The Safety & Risk Department will provide the employee with a copy of the evaluating LHCP's written opinion within 15 days after completion of the evaluation. The written opinion for Hepatitis B vaccination shall be limited to whether the Hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination.

The LHCP's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- That the employee has been informed of the results of the evaluation; and
- That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Academic departments having personnel covered by the standard are responsible for undertaking these actions for those employees, as well as for their students.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Safety & Risk Department will review the circumstances of all exposure incidents involving non-academic department employees to determine:

- Engineering controls in use at the time.
- Work practices followed.
- A description of the device being used (including type and brand).
- Protective equipment or clothing that was used at the time of the exposure incident (e.g., gloves, eye shields, etc.).
- Location of the incident (e.g., biology lab, work site, etc.).
- Procedure being performed when the incident occurred.
- Employee's training.

Academic departments having personnel covered by the standard are responsible for undertaking these actions for those employees, as well as for their students, in consultation with the Safety & Risk Department as necessary.

As applicable, the supervisor of any employee experiencing a sharps injury is responsible for recording all percutaneous injuries from contaminated sharps in a Sharps Injury Log to be maintained by his/her department (see Sharps Injury Log below).

If revisions to this ECP are necessary as a result of this evaluation, the Safety & Risk Department will ensure that appropriate changes are made.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens shall receive initial training (at the time of initial assignment to tasks where occupational exposure may occur) and annual refresher training conducted by personnel from either the Safety & Risk Department or their academic department, as applicable, who are qualified to provide such training by virtue of academic training or work experience.

All employees who have a potential for occupational exposure to bloodborne pathogens shall receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program will cover, at a minimum, the following elements:

- A review and explanation of the OSHA bloodborne pathogen standard.
- An explanation of our ECP and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of engineering controls, work practices, and PPE.
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.

- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility.
- An opportunity for interactive questions and answers with the person conducting the training session. Additionally, input will be solicited from the employees for use in updating or improving the ECP.

Students in applicable programs receive this information on an ongoing basis as part of their curriculum.

Training materials are available in either the Safety & Risk Department or the academic department conducting the training, depending on whether the affected employee works in a non-academic or academic department.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These records include:

- Dates of the training sessions.
- Contents or a summary of the training sessions.
- Names and qualifications of persons conducting the training.
- Names and job titles of all persons attending the training sessions.

For non-academic departments at Palm Beach State College, these documents will be maintained in the Safety & Risk Department for three years from the date on which the training occurred. The training records for employees of academic departments will be maintained similarly by their departments. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to either the Safety & Risk Department for non-academic employees or the academic department in which the employee works.

Medical Records

Medical records for each employee with an occupational exposure are maintained by the Palm Beach State College Human Resources Department in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." These confidential records are kept in the employee's personnel file for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests

should be sent to Executive Director Human Resources, Palm Beach State College, 4200 Congress Avenue, Lake Worth, FL 33461.

Sharps Injury Log

29 CFR 1910.1030(h)(5)(i) and (ii) require any employer who must maintain an OSHA Log of Work-Related Illnesses and Injuries (OSHA Form 300) in accordance with the recordkeeping provisions of 29 CFR 1904 to also record all percutaneous injuries from contaminated sharps in a Sharps Injury Log (see Attachment D). All incidents must include at least:

- Date of the injury.
- Type and brand of the device involved (e.g., syringe, suture needle).
- Department or work area where the incident occurred.
- Explanation of how the incident occurred.

This log shall be reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, the report shall have any personal identifiers removed.

Note: Per 29 CFR 1904, Subpart B, Appendix A, Palm Beach State College is not required to maintain the OSHA Log of Work-Related Illnesses and Injuries. Accordingly, until the College is covered by OSHA recordkeeping requirements, it is not required to record sharps injuries. Attachment B is therefore for information purposes only at this time, although its use as an instructional tool is encouraged for academic departments, both to reflect “real world” requirements and to facilitate the annual ECP review.

ATTACHMENT A

Palm Beach County Health Department Hepatitis B Immunization Program

1. The Hepatitis B immunization program consists of a series of three shots—an initial shot; a second shot 30 days after the first; and a third shot six months after the second.
2. The shots may be obtained at one of the four Palm Beach Health Department Health Centers shown below:

Health Centers	Immunization Hours
Jupiter Auxiliary Health Center 6405 Indiantown Road Jupiter, FL 33458 Appointments 1-855-438-2778	Walk-ins and Appointments New Hours: Wednesday – Friday (8:00am – 3:15pm) No afternoon clinic on 1 st Thursday of each month
Lantana/Lake Worth Health Ctr. 1250 Southwinds Dr. Lantana, FL 33462 1-855-438-2778 Appointments (Overseas): 1-855-438-2778	Walk-ins Only: Monday - Friday (7:30 am to 3:30 pm) No afternoon clinic on the 1 st & 3 rd Thursdays of each month Pediatric Immunizations – Second Saturday of each month
Delray Beach Health Center 225 South Congress Avenue Delray Beach, FL 33445 Appointments 1-855-438-2778	By Appointment Only: Monday – Friday (7:30 am – 3:30 pm) and 1st Saturday of each month (9:00 am - 1:00 pm) No afternoon clinic on 1 st and 3 rd Thursdays of each month
C.L. Brumback Health Center 38745 State Road 80 Belle Glade, FL 33430 Appointments 1-855-438-2778	Walk-ins and Appointments: Monday – Friday (8:00 am – 4:00 pm) No afternoon clinic on 1 st Thursday of each month

3. Appointments may be made by calling (855) 438-2778. The individual will need to provide his/her name, residential address and telephone number.
4. Check with the appropriate health center for cost of shots. Payment may be made by cash, check, money order or credit card. Palm Beach County does not accept Purchase Orders. If the individual is authorized to use a College credit card, payment may be made using it. Any out-of-pocket payments made by the individual are to be reimbursed by the College using a Disbursement Request. See the sample Disbursement Request form below. Enter the employee information as appropriate, the ORG number and only the number of the shot received in the Purpose block after “Compliance of OSHA regulation

Title 29 of the Code of Fed Regs, Part 1910 Section 1030(f)”; i.e., only #1, #2 or #3. Do not enter anything else like “shot” so that there is no reference to anything medical. The employee will need to include the receipt for payment of the shot. In order to simplify reimbursement for mileage, the employee should be allowed to use a College vehicle, since travel to and from the Health Center would be considered official business. Otherwise, if the employee uses a POV, they would have to submit a Request for Leave and a Request for Reimbursement of Traveling Expenses, along with a Google map showing the mileage from their work location to the clinic.

SAMPLE DISPURSEMENT REQUEST FORM

```

FIA100P1                ***** FINANCIAL SYSTEMS *****                FIA100M1
Jan 31,13                - Add Disbursement Request -                4 more >
Disb.Req.No: 2013                *Req Type: RQ DISBURSEMENT REQUEST
Status: PE PENDING                Total Amt: 39.87_____
Contct Name: VIRGINIA L RIZZO_____                Ph#: 561 868 3465 _____
Email: rizzov@palmbeachstate.edu_____                Orig: N
PayTo *Type: E_ EMPLOYEE                *ID: 000028726 *Seq#: _____                Curr Payee Pay TP: EFT
Name: RIZZO, VIRGINIA L_____
Address: 7182 BURGESS DRIVE

City: LAKE WORTH                St: FL Zip: 33467
Phone: 561 963 6689 Ext:
*Org Unit*Qual1 Loc*GLC Qual2                Lines
*Account: XXXXXXXX XXXXXX XX 69500 _____                for the amount: 39.87_____
Purpose: COMPLIANCE OF OSHA REGULATION TITLE 29 OF THE CODE OF _____
FED REGS, PART 1910 SECTION 1030(F), #1_____
Notes:Rejected: _ Returned: _ On-Hold: _ Change: _ Addr: _ PaymI: _
Due Date: 01/31/2013 Sch Pay: 01/31/2013 Project Nbr: _____
Attach: _ Pick-Up Chk: _ Separate Chk: _ Invoice#: XXXX-XX_____
Direct Command: _____
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
help retrn quit Add                bkwrd frwr                left right main
8014 - Account Number does not exist
-----
§                1                Sess-1                216.114.95.94                1 15/14

```

ATTACHMENT B

Hepatitis B Vaccine Declination Form

I decline the Hepatitis B Vaccine at this time.

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 vaccination series at no charge to me.

Printed Name _____

Title _____

Date _____

Signature _____

ATTACHMENT C

Declination of Post-Exposure Evaluation Form

On _____, I experienced an incident at Palm Beach State College while working as adjunct/full-time faculty, clinician or clinical coordinator or participating as a student in a Palm Beach State College EMS/Paramedic, Dental Hygiene, Dental Assisting, Surgical Technology, Practical Nursing, Patient Care Assisting, Nursing, Medical Assisting or Crime Scene Investigation Program activity, which may have resulted in my exposure to bloodborne pathogens.

I have been advised that I may be evaluated by a physician pursuant to this incident, which may include serologic testing for HIV and HBV, and that there will be no cost to me for this evaluation. However, I choose to decline having the evaluation performed, with the understanding that I may have blood drawn at this time but not tested until a later time of my choosing (up to 90 days following the date of the incident).

Printed Name _____

Title _____

Date _____

Signature _____

ATTACHMENT D

Sharps Injury Log for Information Purposes Only

The following information, if known or reasonably available, is to be documented within 14 working days of the date on which each exposure incident was reported. Attach additional sheets, if necessary.

1. Date and time of the exposure incident: _____
 2. Date of exposure incident report: _____
 3. Report written by: _____
 3. Type and brand of sharp involved: _____
 4. Description of exposure incident:
 - Job classification of exposed employee or indicate "Student": _____
 - Department or work area where the incident occurred: _____
 - Procedure being performed by the exposed employee or Student at the time of the incident: _____
- _____
- _____
- How the incident occurred: _____
- _____
- _____
- Body part(s) involved: _____
 - Did the device involved have engineered sharps injury protection? Yes ____ No ____
 - Was engineered sharps injury protection on the sharp involved? Yes ____ No ____

If Yes	If No
Was the protective mechanism activated at the time of the exposure incident? Yes ____ No ____	Does the injured employee or Student believe that a protective mechanism could have prevented the injury? Yes ____ No ____
Did the injury occur before, during or after the mechanism was activated?	
Comments:	

- Does the exposed employee or Student believe that any controls (e.g., engineering, administrative or work practice) could have prevented the injury? Yes ____ No ____
- Employee's or Student's opinion:
- _____
- _____

5. Comments on the exposure incident (e.g., additional relevant factors involved): _____

6. Employee or Student interview summary:

7. Picture(s) of the sharp(s) involved (please attach if available).