

**Grand Rapids Community  
College  
Bloodborne  
Pathogens and  
Exposure Control Plan**

Revised: November 2023

## Table of Contents

SECTION 1 - INFORMATION AND TRAINING.....	4
RESPONSIBILITIES.....	5
TRAINING.....	5
SECTION 2 – EXPOSURE.....	6
EXPOSURE INCIDENT.....	6
EXPOSURE DETERMINATION.....	7
EMPLOYEE EXPOSURE DETERMINATION.....	7
EXPOSURE CONTROL PLAN.....	8
Universal Precautions.....	8
Administrative Controls.....	8
Engineering Controls.....	8
Work Practice Controls.....	9
Hand Washing Procedure:.....	9
Procedures on Handling Sharps & Reusable Sharps:.....	9
Procedures involving blood and other potentially infectious materials:.....	10
Eating and drinking procedures in contaminated work areas:.....	10
Procedure on servicing of contaminated equipment:.....	10
PERSONAL PROTECTIVE EQUIPMENT (PPE).....	10
Gloves:.....	11
Masks, Eye Protection, and Face Shields:.....	11
Gowns, Aprons, and other Protective Clothing:.....	12
HOUSEKEEPING.....	12
REGULATED WASTE.....	13
BIOHAZARD BAGS/LABELS:.....	13
HEPATITIS B VACCINATION.....	14
Category A Employees.....	14
Category B Employees.....	14
COMMUNICATION OF HAZARDS TO EMPLOYEES.....	15
POST-EXPOSURE EVALUATION & FOLLOW-UP (SEE APPENDIX E).....	15
Identification, medical evaluation & follow-up.....	15
Information provided to the healthcare professional.....	16
Healthcare Professional’s Written Opinion:.....	16
EVALUATING CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT.....	16
SECTION 3 – RECORD KEEPING.....	17

MEDICAL RECORDS.....	17
TRAINING RECORDS .....	17
MIOSHA RECORD KEEPING.....	18
SHARPS INJURY LOG .....	18
TRANSFER OF RECORDS .....	18
APPENDIX A.....	20
DEFINITIONS .....	20
APPENDIX B.....	22
EMPLOYEE EXPOSURE DETERMINATION .....	22
APPENDIX C .....	23
EXPOSURE DETERMINATION AND CONTROL MEASURES .....	23
APPENDIX D .....	26
DECLINATION OF HEPATITIS B VACCINATION.....	26
APPENDIX E.....	27
EXPOSURE INCIDENT REPORT .....	27

# Grand Rapids Community College Exposure Control Plan

## SECTION 1 - INFORMATION AND TRAINING

Grand Rapids Community College is committed to providing a safe and healthy work environment for employees and students. 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 OSHA standard 29 *CFR* 1910.1030, "Bloodborne Pathogens." Employees provided protection under the guidelines of the Bloodborne Pathogens Standard are in positions that have reasonably anticipated occupational exposure to blood or other potentially infectious materials (OPIM) that could contain pathogenic microorganisms. The vast majority of GRCC employees do not have a risk of reasonably anticipated occupational exposure.

**GRCC does not require an employee to render first aid unless it is a function of his/her position and the employee has been trained.** If an employee is knowledgeable in first aid procedures and wishes to act as a "**GOOD SAMARITAN**", it is important that he/she understands the health risks associated with that action. It must be a voluntary, personal decision to assist.

Employers and workers should be familiar with several key approaches to infection control, including universal precautions, standard precautions and transmission-based precautions.

- **Universal precautions (UP)**, originally recommended by the CDC in the 1980s, was introduced as an approach to infection control to protect workers from HIV, HBV, and other bloodborne pathogens in human blood and certain other body fluids, regardless of a patient's infection status. UP is an approach to infection control in which all human blood and certain human body fluids are treated as if they are known to be infectious. Although the BBP standard incorporates UP, the infection control community no longer uses UP on its own.
- **Standard precautions (SP)**, introduced in 1996 in the CDC/Healthcare Infection Control and Prevention Advisory Committee's "1996 Guideline for Isolation Precautions in Hospitals," added additional infection prevention elements to UP in order to protect healthcare workers not only from pathogens in human blood and certain other body fluids, but also pathogens present in body fluids to which UP does not apply. SP includes hand hygiene; the use of certain types of PPE based on anticipated exposure; safe injection practices; and safe management of contaminated equipment and other items in the patient environment. SP is applied to all patients even when they are not known or suspected to be infectious.
- **Transmission-based precautions (TBP)** for contact, droplet, and airborne-transmissible diseases augment SP with additional controls to interrupt the route(s) of transmission that may not be completely interrupted using SP alone. The different types of TBP are applied based on what is known or suspected about a patient's infection.

The BBP standard requires the use of UP, and extends UP to protect workers against

pathogens found in saliva during dental procedures and body fluids in situations where it is difficult or impossible to differentiate between body fluids (e.g., vomit mixed with blood). See *Worker Protections Against to Occupational Exposure to Infectious Diseases* for more information. (<https://www.osha.gov/bloodborne-pathogens/worker-protections>)

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, Standard, and Transmission-based Precautions, Administrative, Engineering, and Work Practice Controls, Personal Protective Equipment, and housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods are discussed in the subsequent pages of this ECP.

## **RESPONSIBILITIES**

The Health and Safety Team is responsible for implementation of the ECP. The team will maintain, review, and update the ECP annually, and as necessary to include new or modified tasks and procedures, and to reflect new or revised employee positions with occupational exposure. In the event that significant issues or concerns are identified, those issues will be brought to the Risk Management Oversight Team to be addressed.

Employees who are determined to have potential occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this ECP. Employees covered by the bloodborne pathogens standard will review the ECP during their initial training session and annually thereafter.

The Facilities department and Lab Coordinators will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers, labels, red bags) as required by the standard.

Human Resources will be responsible for new employee training and ensuring appropriate employee health and MIOSHA records are maintained.

## **TRAINING**

GRCC shall ensure that all new full and part time employees, from all employee groups, will participate in a training program provided at no cost to the employee and offered during working hours. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

Category A Employees: Bloodborne training will be required prior to an initial assignment to tasks where occupational exposure may take place, and at least annually thereafter. (See Appendix B).

Category B Employees: Bloodborne education and training will be made available within 10 working days of initial assignment.

GRCC will provide additional training when changes in tasks or procedures affect the employee's risk of occupational exposure. The additional training may be limited to addressing the newly created exposures. Employee training records will be maintained according to the RECORDKEEPING procedures contained in this Exposure Control Plan.

The training will include:

- An accessible copy of the regulatory text of this standard or explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the mode of transmission of bloodborne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate various methods of exposure control, including: Universal, Standard, and Transmission-based Precautions, Administrative, Engineering, and Work Practice Controls, Personal Protective Equipment, and housekeeping.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment. Note: Additional training may be provided by each department based on industry standards.
- An explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information and 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 exposure incident.
- An explanation of the signs and labels and/or color-coding required.
- An opportunity for interactive questions and answers with the person conducting the training session.

## **SECTION 2 – EXPOSURE**

### **EXPOSURE INCIDENT**

An exposure incident occurs when a person becomes exposed to another person's blood or OPIM or is injured by something contaminated by another persons' blood or OPIM. If an exposure incident occurs, the following procedure will be used:

1. Employee(s) responding should protect him/herself.

2. If appropriate, clean the affected area vigorously with soap and water. If mucous membrane or eye contact is involved, flush generously with water.
3. If appropriate, notify Campus Police, 4911 (first responders). If Campus Police is not available, call 911.
4. Employee(s) complete the Employee Injury Report Form, which can be found online at <http://www.grcc.edu/humanresources/employeeinjuryprocedures>
5. An Exposure Incident Investigation Form (APPENDIX E) is to be completed and sent to the Executive Director of Financial Services or designee as the Risk Manager.
6. Follow the procedure outlined in Post-Exposure Evaluation & Follow-up.

## **EXPOSURE DETERMINATION**

A list of exposure determination and control measures (Appendix C) has been developed to identify those tasks and procedures in which employees have the potential for occupational exposure to bloodborne pathogens. Occupational exposure is defined as “any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.”

OPIMs may include:

- Saliva in Dental procedures
- Semen
- Vaginal secretions
- Cerebrospinal fluid – surrounds the brain and spinal cord
- Synovial fluid – found in joints (knees, elbows, etc.)
- Pleural fluid – surrounds the lungs
- Pericardial fluid – surrounds the heart
- Peritoneal fluid – surrounds the abdominal organs
- Amniotic fluid – surrounds a fetus
- Any fluid or solid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any “unfixed” tissue or organ (other than intact skin) from a human (living or dead) such as an amputated finger or limb.
- HIV or HBV containing cells, tissue cultures, or experimental animal used for HIV/HBV testing.

THIS EXPOSURE DETERMINATION SHALL BE MADE WITHOUT REGARD TO THE USE OF PERSONAL PROTECTIVE EQUIPMENT. IT COVERS ALL EMPLOYEES “AT RISK” FOR OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS BODY FLUIDS.

## **EMPLOYEE EXPOSURE DETERMINATION**

All new employees are required to take Blood Borne Pathogens training as part of their New Employee Onboarding process. Employees in the following departments have been determined to have potential occupational exposure and are required to complete training annually:

Category A - Job classifications that require procedures or other occupation-related

tasks that involve exposure or reasonably anticipated exposure to blood or OPIM, or that involve a likelihood for spills, splashes of blood or OPIM.

- Biology
- Campus Police
- Coaches
- Dental
- Facilities
- Ford Field House
- Allied Health Programs
- Hospitality
- Lifeguards
- Machine Tool
- Manufacturing
- Nursing
- Preschool
- Welding

Category B – Job classifications that do not require tasks that involve exposure to blood or OPIM.

- All others

## **EXPOSURE CONTROL PLAN**

### **Universal Precautions**

All employees will utilize universal precautions. Universal precautions are an approach to infection control and shall be observed to prevent contact with blood or OPIM. According to the concept of universal precautions, all human blood and certain body fluids are treated as if known to be infectious for bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

### **Administrative Controls**

Administrative controls include following all the training, the legal requirements, the policies and the procedures related to infection control at your facility.

### **Engineering Controls**

Engineering controls serve to prevent or minimize occupational exposure to bloodborne pathogens at the worksite by removing the potential hazard and/or isolating the employee from the exposure.

Engineering controls shall be examined and maintained or replaced by each department, when an exposure incident occurs or at least annually. (See Appendix C). A commercially available product must be used if appropriate and effective. If a commercially available product is not used, documentation must be provided as to the reason (cost can be taken into account as part of the rationale).



Examples of engineering controls used at GRCC include:

- Sharps disposal containers
- Biohazard disposal bags

Faculty and Supervisors identify the need for changes in Engineering and Work Practice Controls through review of MIOSHA standard records, curriculum review, departmental meetings, and employee interviews. Recommendations are made to the Health and Safety Team who is responsible for ensuring recommendations are investigated and implemented when appropriate.

### **Work Practice Controls**

Work practice controls reduce the likelihood of occupational exposure by altering the manner in which tasks are performed. The protection provided is the result of employee behavior rather than the use of physical devices. Examples of work practice controls used at GRCC include:

- Absorbent, decontaminating powder
- Personal Protective Equipment
- Altering ways in which a task is performed

### **Hand Washing Procedure:**

GRCC shall provide hand-washing facilities that are readily accessible to employees. Employees will wash their hands or any other skin with soap and water, or flush mucous membranes with water immediately or ASAP after contact with blood or other potentially infectious body fluids. Hands will be washed for at least 20 seconds in a manner causing friction on the inner and outer surface of the hands. Employees will wash their hands as soon as possible after removing their gloves, or other Personal Protective Equipment (PPE). When provisions for hand washing facilities are not feasible, an appropriate alcohol-based hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as possible.

### **Procedures on Handling Sharps & Reusable Sharps:**

Contaminated sharps, broken glass, plastic or other sharp objects are discarded immediately or as soon as possible in containers that are:

- Able to be sealed
- Puncture resistant
- Leak proof on sides and bottom
- Labeled or color coded as a "Biohazard" – according to procedures outlined in the Regulated Waste Section (page 13)

Sharps disposal containers are inspected and maintained or replaced by department staff every month or whenever necessary to prevent overfilling. Containers shall be maintained in an upright position. Sharps containers are for sharps only!

Bloodied bandages or other items containing bodily fluids must be placed in a separate bio-hazard container. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be needed. Contaminated needles and other contaminated sharps shall be appropriately removed from the work area. Containers of biohazard material will be packed and sent for disposal by user and scheduled for pickup by the custodian.

If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material. Reusable contaminated sharps shall be washed in soapy water with a long-handled brush or in an ultrasonic cleaner or automated instrument washer, rinsed, air dried and sterilized.

### **Procedures involving blood and other potentially infectious materials:**

All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Specimens of blood or OPIM shall be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or a red color.

### **Eating and drinking procedures in contaminated work areas:**

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or OPIM are present.

### **Procedure on servicing of contaminated equipment:**

Equipment that may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary. If the employee can demonstrate that the decontamination of such equipment or portions of such equipment is not feasible, a readily observable label is required stating which portions of the equipment remains contaminated. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

GRCC shall provide appropriate Work Practice Controls such as Personal Protective Equipment (PPE) such as: gloves, gown, laboratory coats, face shields, masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices at no cost to employees. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the employee's supervisor or classroom instruction.

Hypoallergenic gloves, glove liners, or other similar alternatives shall be accessible upon request to those employees who are allergic to gloves normally provided. Personal protective

equipment will be considered “appropriate” only if it does not permit blood or OPIM to pass through or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. (See Appendix B & C)

First aid kits maintained by Campus Police may be found in various campus locations. For the list of locations, go to <http://www.grcc.edu/campuspolice/resources/firstaidkits>. Kits are inspected on a monthly basis. PPE specific to department needs are available through the department.

- Employees are expected to use personal protective equipment if there is a risk for occupational exposure. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed an increased hazard to the employee or others, GRCC shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.
- GRCC shall clean, launder and dispose of personal protective equipment, at no cost to the employee.
- GRCC shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- If blood or OPIM penetrates a garment(s), the garment(s) shall be removed immediately or as soon as possible. Contaminated garments shall be removed in such a way as to avoid contact with the outer surface.
- When contaminated personal protective equipment/supplies are removed, they shall be placed in Red biohazard bags.
- All PPE shall be removed prior to leaving the work area. Employees shall perform hand hygiene immediately or as soon as feasible after removal of gloves or other personal protective equipment.

### **Gloves:**

Gloves shall be worn when it can be reasonably anticipated that the employee may have had direct contact with blood or OPIM, non-intact skin, or are handling and touching contaminated items or surfaces. Disposable (single use) gloves shall not be washed or decontaminated for re-use. Disposable gloves shall be replaced when contaminated or if they are torn, punctured, or when the ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised; however, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

### **Masks, Eye Protection, and Face Shields:**

Masks, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, and/or mouth contamination can be reasonably anticipated.

### **Gowns, Aprons, and other Protective Clothing:**

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task and degree of exposure anticipated.

### **HOUSEKEEPING**

GRCC shall ensure that the worksite is maintained in a clean and sanitary condition. The Facilities Department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facilities, type of surface to be cleaned, type of soil present, and tasks or procedures being performed.

Regulated waste is placed in containers which are able to be sealed, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and sealed prior to removal to prevent spillage or protrusion of contents during handling.

All equipment, materials, environmental, and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM. [A hospital grade virucide or 1:10 fresh bleach to water solution will be used for decontamination.]

Contaminated work surfaces shall be decontaminated with an EPA registered TB germicides immediately after completion of procedure/task/therapy, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or OPIM, and at the end of the school day if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

All bins and pails, (e.g., waste or emesis basins) intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM, shall be inspected on a regular basis by the custodian and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass shall be containerized. A custodian shall be notified of the need for immediate cleaning.

Faculty and students working within health program labs shall be responsible for decontamination of laboratories and classroom facilities at the end of each instructional period (i.e., equipment surfaces). Custodians will be responsible for normal cleaning.

In an emergency, the custodian shall respond immediately to any major blood or OPIM incident so that it can be immediately cleaned, decontaminated, and removed.

At GRCC there shall be a marked biohazard container in the custodial area for the containment of all individual biohazard designated bags. The custodial staff shall move the biohazard

containers to a holding area. These will be picked up by contracted services. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.

## LAUNDRY PRACTICES

Soiled uniforms or other contaminated materials should be removed as quickly as possible and placed in a bio-hazard bag. Employees who have contact with contaminated laundry must wear protective gloves and other appropriate PPE. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. Contaminated articles must be taken to a professional cleaner for laundry service. The College will reimburse employees for the cost of professional laundry services.

- **No contaminated uniforms or contaminated materials shall be taken home for laundering purposes. Hepatitis B can live outside the body for days.**

## REGULATED WASTE

REGULATED WASTES INCLUDE:

- 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
- Pathological and microbiological wastes containing blood or OPIM

All regulated waste destined for disposal will be bagged, tied and designated as a biohazard.

The following labeling method(s) is used:

<b>EQUIPMENT TO BE LABELED</b>	<b>LABEL TYPE</b>
Contaminated instruments	Sharps container
Contaminated laundry	Red bags
Biology specimens	Biohazard label

Faculty and laboratory coordinators will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the supervisor, faculty, department head, program director or appropriate associate dean if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

## BIOHAZARD BAGS/LABELS:

- Bags and labels will have the biohazard symbol

- Bags will be red with lettering in contrasting color. Labels will be orange-red with lettering in a contrasting color.

The bag shall be removed from the site as soon as feasible and replaced with a cleanbag.

Regulated waste that has been decontaminated through the use of an absorbent, decontaminating powder need not be labeled as a biohazard or placed in a red bag or container. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and the Michigan Department of Labor & Economic Opportunity.

## **HEPATITIS B VACCINATION**

### **Category A Employees**

- 1) GRCC shall make available the Hepatitis B vaccination series at no cost to all employees who have the potential for occupational exposure (See Appendix B). Hepatitis B vaccination will be made available after the employee has received Bloodborne Pathogen training and prior to start of initial assignment. Vaccination will be provided by Kent County Health Department at any Kent County Health Department location.
- 2) Exceptions to this procedure are:
  - a) Employee has previously received the complete Hepatitis B vaccination series
  - b) Antibody testing has revealed that the employee is immune
  - c) The vaccination is contraindicated for medical reasons
- 3) GRCC shall not make participation in a pre-employment screening program a prerequisite for receiving the Hepatitis B vaccine.
- 4) Any employee who declines the vaccine will sign a mandatory Hepatitis B Vaccine Declination form. (See Appendix D) Documentation of refusal of the vaccination is kept in Human Resources.
- 5) If an employee initially declines the vaccine, but at a later date, while still covered under the standard, decides to accept the vaccine, GRCC will make the vaccine available at that time.
- 6) If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no cost to the employee.
- 7) Following Hepatitis B vaccinations, the health care professional's written opinion will be limited to whether the employee requires the Hepatitis vaccine, and whether the vaccine was administered.
- 8) Records regarding HBV vaccinations or declinations are to be kept by Human Resources and will remain confidential.

### **Category B Employees**

- 1) The full Hepatitis B vaccination series shall be made available as soon as possible, but no later than 24 hours, to any unvaccinated first aid provider after rendering assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident", as defined by the standard, has occurred.

- 2) The Hepatitis B vaccination record or declination statement (See Appendix G) shall be completed. All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure Hepatitis B vaccine.
- 3) Human Resources shall keep a list of such incidents. It shall be readily available to all employees and shall be provided to the Michigan Department of Labor & Economic Opportunity.

## COMMUNICATION OF HAZARDS TO EMPLOYEES

### LABELS AND SIGNS:

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM and other containers used to store, transport, or ship blood or OPIM. Labels required by this section shall include the following symbol and shall be fluorescent orange or orange-red or predominately marked with lettering or symbols in a contrasting color. **Red biohazard bags or red containers may be substituted for labels.**



These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, and other methods that prevent their loss or unintentional removal.

Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

Regulated waste that has been decontaminated need not be labeled or color-coded.

## POST-EXPOSURE EVALUATION & FOLLOW-UP (SEE APPENDIX E)

### Identification, medical evaluation & follow-up

Following a report of an exposure incident, GRCC shall ensure a healthcare exam is performed. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV status. If consent is not obtained, the college shall document that legally required consent cannot be obtained. When the law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
3. When the source individual is known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
4. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
5. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not

consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

6. Post exposure Prophylaxis, (i.e. immune globulin) shall be available when medically indicated, as recommended by the U.S. Public Health Service
7. Medical evaluation of reported illnesses
8. Counseling shall be made available by the college at no cost to employees and their families on the implications of testing and post-exposure prophylaxis
9. The college shall ensure that all medical evaluations and procedures, including prophylaxis are made available at no cost, and at a reasonable time and place to the employee. Licensed personnel shall conduct all medical evaluations and procedures and laboratory test shall be conducted in accredited laboratories.

### **Information provided to the healthcare professional**

Human Resources shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of the MIOSHA regulation
2. A description of the exposed employee's duties as they relate to the exposure incident
3. Documentation of the route(s) of exposure and circumstances under which exposure occurred
4. A description of any PPE used or to be used
5. Results of the source individual's blood testing, if available, (this information should be given directly to the employee's healthcare professional and GRCC should only receive proof that the testing took place).
6. All medical records relevant to the appropriate treatment of the employee including vaccination status are the employer's responsibility to maintain.

### **Healthcare Professional's Written Opinion:**

Human Resources and the employee shall be provided the healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information that:

1. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. The employee has been informed of the results of the evaluation
3. 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 diagnosis shall remain confidential and shall not be included in the written report to the college.

### **EVALUATING CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Health & Safety Team will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time



- work practices followed
- a description of the device being used and protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

If it is determined that revisions need to be made, The Risk Management Team will ensure that appropriate changes are made to this ECP.

## **SECTION 3 – RECORD KEEPING**

### **MEDICAL RECORDS**

A separate record for each employee at risk for occupational exposure shall be established and maintained in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The record shall include:

- The name and social security number of the employee.
- A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures as required.
- If exposure incident(s) have occurred, the employer's copy of the healthcare professional's written opinion as required.
- If exposure incident(s) have occurred, a copy of the information provided to the healthcare professional (i.e., Exposure incident investigation form and results of the source individual's blood testing, if available.)

**Confidentiality:** All employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. These medical records shall be kept by Human Resources and be maintained separately from other personnel records.

Employee medical records will be made available upon written request, to:

- The subject employee
- Anyone having written consent of the subject employee
- OSHA's 300 Log. See Recordkeeping Requirement 29 CFR 1904.8 for more information.

GRCC shall maintain the records required for at least the duration of employment plus 30 years.

### **TRAINING RECORDS**

Training records for Category A employees shall include the following information:

- The date of the training session
- The contents or summary of the training session
- The name(s) and qualifications of the person(s) conducting the training
- The name(s) and job title(s) of all persons attending the training session

These records shall be maintained by Human Resources for at least 3 years from the date on which the training occurred.

Employee training records are provided upon request to the employee or the employee's authorized representative. Such requests should be addressed to the Executive Director of Human Resources.

## **MIOSHA RECORD KEEPING**

An exposure incident is evaluated to determine if the case meets MIOSHA's Recordkeeping Requirements in accordance with 29 CFR 1904.8. This determination and the recording activities are done by Human Resources.

## **SHARPS INJURY LOG**

A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log includes:

- type and brand of device involved in the injury;
- department or work area where the exposure occurred;
- explanation of how the incident occurred

The log is recorded and maintained to protect the confidentiality of the injured employee. The Payroll/Benefits Department is responsible for the maintenance of the sharps injury log.

## **TRANSFER OF RECORDS**

GRCC shall ensure that all required records to be maintained by this standard shall be made available upon request to the assistant secretary and the director of the Michigan Department of Consumer and Industry Services (or their designee) for examination and copying.

Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, to the director, and to the assistant secretary of the Michigan Department of Consumer and Industry Services.

Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the director, and to the assistant secretary of the Michigan Department of Consumer and Industry Services.

GRCC shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the Michigan

Department of Consumer and Industry Services at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within the three-month period.

## **APPENDIX A**

### **DEFINITIONS**

**BLOOD** means human blood, human blood components, and products made from human blood.

**BLOODBORNE PATHOGEN** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**CONTAMINATED** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**CONTAMINATED LAUNDRY** means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

**CONTAMINATED SHARPS** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**DECONTAMINATED** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**ENGINEERING CONTROLS** means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

**EXPOSURE INCIDENT** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially hazardous materials (from another individual) that results from the performance of an employee's duties.

**HANDWASHING FACILITIES** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

**LICENSED HEALTHCARE PROFESSIONAL** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

**HBV** means Hepatitis B virus.

**HIV** means Human Immunodeficiency Virus.

**OCCUPATIONAL EXPOSURE** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from

the performance of an employee's duties.

#### **OTHER POTENTIALLY INFECTIOUS MATERIALS:**

- Saliva
- Semen
- Vaginal secretions
- Cerebrospinal fluid – surrounds the brain and spinal cord
- Synovial fluid – found in joints (knees, elbows, etc.)
- Pleural fluid – surrounds the lungs
- Pericardial fluid – surrounds the heart
- Peritoneal fluid – surrounds the abdominal organs
- Amniotic fluid – surrounds a fetus
- Any fluid or solid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any “unfixed” tissue or organ (other than intact skin) from a human (living or dead) – such as an amputated finger or limb.
- HIV or HBV containing cells, tissue cultures, or experimental animal used for HBV/HIV testing.

**PARENTERAL** means piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

**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.

**SOURCE INDIVIDUAL** means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, hospital and clinical patients, clients in institutions for the developmentally disabled; trauma victims, clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**STERILIZE** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**UNIVERSAL PRECAUTIONS** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

**WORK PRACTICE CONTROLS** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

## **APPENDIX B EMPLOYEE EXPOSURE DETERMINATION**

All new employees are required to take Bloodborne Pathogens training as part of their New Employee Onboarding process. Employees in the following departments have been determined to have occupational exposure and are required to complete training annually:

Category A - Job classifications that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or OPIM, or that involve a likelihood for spills or splashes of blood or OPIM.

- Biology
- Campus Police
- Coaches
- Dental
- Facilities
- Ford Field House
- Health Certificate Programs
- Hospitality
- Lifeguards
- Machine Tool
- Manufacturing
- Nursing
- Preschool
- Welding

Category B – Job classifications that do not require tasks that involve exposure to blood or OPIM.

- All others

**APPENDIX C  
EXPOSURE DETERMINATION AND CONTROL MEASURES**

Tasks/ Procedures	Personal Protective Equipment Required	Engineering Controls other than PPE and hand washing supplies	Work Practice Controls Other than Universal Precautions	Management of Exposure Incidents
<b><u>GRCC Police</u></b>				
<ul style="list-style-type: none"> <li>• Emergency first aid</li> <li>• Body Searches</li> <li>• Other tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Face shield &amp; gown when exposure is anticipated</li> <li>• Use CPR mask/ mouthpiece</li> </ul>	<ul style="list-style-type: none"> <li>• Biohazard Bags</li> <li>• First Aid Kits</li> <li>• Sharps Disposal Containers</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Washing</li> <li>• Sharps handling procedure</li> <li>• Containment of blood and OPIM</li> </ul>	<ul style="list-style-type: none"> <li>• Call Custodians for cleanup</li> <li>• Nights and weekends call GRCC Police Chief</li> <li>• Document exposure incident</li> <li>• Maintain and replenish first aid kits</li> </ul>
<b><u>Operations, Maintenance &amp; Grounds Staff</u></b>				
<ul style="list-style-type: none"> <li>• Regulated waste handling</li> <li>• Maintenance and cleaning of bathrooms or any body-fluid spills</li> <li>• Other tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Eye Protection &amp; Gowns</li> <li>• Use CPR mask/ mouthpiece</li> </ul>	<ul style="list-style-type: none"> <li>• Biohazard Bags</li> <li>• Sharps containers</li> <li>• Absorbent decontamination powder</li> <li>• Virucide/ Bleach solution</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Sharps handling procedure</li> <li>• No food/drinks in lab/clinic</li> <li>• Containment of blood &amp; OPIM</li> <li>• Decontaminate reusable equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Notify GRCC Police (4911 or 4010 if not an emergency)</li> <li>• Nights &amp; weekends call Dean and/or call 911 in emergency</li> </ul>

Tasks/Procedures	Personal Protective Equipment Required	Engineering Controls other than PPE and hand washing supplies	Work Practice Controls Other than Universal Precautions	Management of Exposure Incidents
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**Fieldhouse Operations staff & Physical Education Faculty**

<ul style="list-style-type: none"> <li>• Laundry handling</li> <li>• Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Eye Protection &amp; Gowns</li> <li>• Use CPR mask/mouthpiece</li> </ul>	<ul style="list-style-type: none"> <li>• Biohazard Bags</li> <li>• Sharps containers</li> <li>• Absorbent decontamination powder</li> <li>• Virucide/ Bleach solution</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Sharps handling procedure</li> <li>• Containment of blood &amp; OPIM</li> </ul>	<ul style="list-style-type: none"> <li>• Notify GRCC Police (4911 or 4010 if not an emergency)</li> <li>• Nights &amp; weekends call VP For Finance &amp; Admin and/or call 911 in emergency</li> </ul>
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**Athletic Trainers & Coaches**

<ul style="list-style-type: none"> <li>• First Aid/CPR Procedures</li> <li>• Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> </ul>	<ul style="list-style-type: none"> <li>• First Aid Kit</li> <li>• Biohazard Bags</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Sharps handling procedure</li> </ul>	<ul style="list-style-type: none"> <li>• Notify GRCC Police (4911 or 4010 if not an emergency)</li> <li>• Nights &amp; weekends call Athletic Director and/or call 911 in emergency</li> </ul>
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**Biological Sciences, Physical Sciences, Nursing & Health Programs Faculty**

<ul style="list-style-type: none"> <li>• First Aid/CPR Procedures</li> <li>• Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Eye Protection</li> <li>• Lab coats, aprons &amp; gowns</li> </ul>	<ul style="list-style-type: none"> <li>• First Aid Kits</li> <li>• Biohazard Bags</li> <li>• Sharps Containers</li> <li>• Virucide/ bleach solution</li> <li>• Mechanical pipetting devices</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Sharps handling procedure</li> <li>• No food/drinks in lab/clinic</li> <li>• Containment of blood &amp; OPIM</li> <li>• Decontaminate reusable equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Notify GRCC Police (4911 or 4010 if not an emergency)</li> <li>• Nights &amp; weekends call Dean and/or call 911 in emergency</li> </ul>
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Tasks/Procedures	Personal Protective Equipment Required	Engineering Controls other than PPE and hand washing supplies	Work Practice Controls Other than Universal Precautions	Management of Exposure Incidents
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**Dental Faculty**

<ul style="list-style-type: none"> <li>• All intra-oral tasks.</li> <li>• Other tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Eye Protection &amp; Gowns</li> <li>• Use CPR mask/mouthpiece</li> </ul>	<ul style="list-style-type: none"> <li>• First Aid Kits</li> <li>• Biohazard Bags</li> <li>• Sharps Containers</li> <li>• Eye wash station</li> <li>• Ultrasonic cleaning devices</li> <li>• High volume suction sterilization equipment</li> <li>• Impervious barriers</li> <li>• Virucide/bleach solution</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Sharps handling procedures</li> <li>• Containment of blood &amp; OPIM</li> <li>• Eye wash</li> <li>• No food or drinks in lab/clinic</li> <li>• Use suction to reduce aerosols</li> <li>• Sterilize/decontamination of reusable equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Notify GRCC Police (4911 or 4010 if not an emergency)</li> <li>• Nights &amp; weekends call Dean and/or call 911 in emergency</li> </ul>
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**Preschool Faculty & Staff**

<ul style="list-style-type: none"> <li>• First Aid/CPR Procedures</li> <li>• Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Face shield &amp; gown when exposure is anticipated</li> <li>• Use CPR mask/mouthpiece</li> </ul>	<ul style="list-style-type: none"> <li>• First Aid Kits</li> <li>• Biohazard Bags</li> <li>• Sharps Containers</li> <li>• Virucide/bleach solution</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Sharps handling procedure</li> <li>• Containment of blood &amp; OPIM</li> <li>• Decontaminate toys</li> </ul>	<ul style="list-style-type: none"> <li>• Notify GRCC Police (4911 or 4010 if not an emergency)</li> <li>• Nights &amp; weekends call Director and/or call 911 in emergency</li> </ul>
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**APPENDIX D**  
**GRAND RAPIDS COMMUNITY COLLEGE**  
**Bloodborne Pathogen Exposure Control Plan**  
**DECLINATION OF HEPATITIS B VACCINATION**

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, during the course of my employment at Grand Rapids Community College, to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

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Employee Name (print)

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Employee Signature

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Department

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Date

**APPENDIX E**  
**GRAND RAPIDS COMMUNITY COLLEGE**  
**Bloodborne Pathogen Exposure Control Plan**  
**EXPOSURE INCIDENT REPORT**

Date: _____ Time: _____ Location: _____ Exposed Employee: _____ Witnesses: _____	What was the employee doing at the time of the exposure? First Aid: _____ Cleaning: _____ Waste Handling: _____ Laboratory Procedure: _____ Medical Procedure: _____ Other (Describe): _____
What was the route of exposure? Non-Intact Skin: Mucous Membrane: _____ Parenteral: _____ (e.g. needle sticks, bites)	What protective equipment was the employee wearing at the time of the exposure? Exam/Surgical Gloves: _____ Utility Gloves: _____ Goggles: _____ Safety Glasses: _____ Mask/Eye Shield Comb.: _____ Mask: _____ Lab Coat/Gown: _____ Other (describe): _____
Has the Source Individual been identified? Yes: _____ No: _____ If the Source Individual can't be identified, describe why.  Who contacted the Source Individual to discuss blood testing?	Did the employee receive immediate first aid or medical care? _____ If yes, where? _____ Did the employee receive a post exposure medical evaluation? _____ If yes, where? _____
Describe the specific circumstances of the exposure incident. What was the employee doing?	
Describe any procedures intended to prevent exposure which were not being followed.	
What steps could be taken to prevent a similar exposure from occurring in the future?	
Signature of Investigator: _____ Date: _____ Signature of Department Head/Dean: _____ Date: _____	
<b>Attach to Employee Injury Report and send to Human Resources</b>	

