

A. Introduction

Eastern Washington University (EWU) is committed to providing a safe and healthy work environment for all employees. To support this commitment and comply with WAC 296-823, EWU has developed this Exposure Control Plan (ECP) for the campus.

The Exposure Control Plan includes:

- Definitions
- Employees who are at risk for exposure
- Responsibilities
- Controlling employee exposure to bloodborne pathogens
- Employee training
- Procedures for post-exposure evaluation and follow-up
- Recordkeeping requirements
- Maps and photos of material drop-off location and EH&S contact information

All employees identified as having occupational exposure to blood or other potentially infectious material must follow the procedures and practices in this plan.

Employees can review this plan at any time. EWU will provide a copy, free of charge, to an employee within 15 days of a request.

B. Definitions

Employees are all persons paid by Eastern Washington University for work performed. This includes part-time, temporary, contract and student employees.

Bloodborne pathogens (BBP) are microorganisms which reside in blood or Other Potentially Infectious Material and have the potential to cause disease in people who are exposed. The most common bloodborne pathogens are HIV/AIDS, Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

Other potentially infectious material (OPIM) include all of the following:

- Any fluid visibly contaminated with blood
- Any fluid where it is difficult to tell if blood is present
- Fluids surrounding organs (organs listed within parentheses):
 - Amniotic (developing baby)
 - Cerebrospinal (brain and spine)
 - Pericardial (heart)
 - Peritoneal (abdominal cavity)
 - Pleural (lungs)
 - Synovial (joints)
- Semen
- Vaginal secretions
- Saliva with blood, in dental procedures
- Unfixed tissue or organs (other than intact skin) from a human (living or dead)
- Human cells (including primary and established human cell lines), human tissue, or human organ cultures
- Cell culture media or other solutions containing bloodborne pathogens
- Blood, organs & tissues from animals infected with bloodborne pathogens

BBP Exposures are interactions between the infectious material and an area of an individual’s body that is susceptible to infection. Parts of the body susceptible to infection include: cut or broken skin and mucous membranes (eyes, ears, nose, lips...).

Universal Precautions is the practice of assuming all human blood, body fluids, or OPIM are infected with bloodborne pathogens and taking the appropriate precautions to avoid infecting yourself when handling those materials.

C. At Risk Employees

The following are job classifications at EWU in which ALL employees have occupational exposure to bloodborne pathogens. These departments have their own specific Exposure Control Plans that must be followed.

- Campus police
- All staff working in the dental clinics
- Athletic trainers
- Life guards

The following are job classifications at EWU in which SOME employees have occupational exposure to bloodborne pathogens.

Job Title(s)	Department	Task/procedure involving BBP
Custodian, all	Custodial Services	Cleaning involving blood or OPIM
Swim instructors & Coaches	Sports & Recreation* Separate plan in Aquatics	Responding to any incident involving injured individuals/players
All	Grounds	Clean-up of potentially infectious materials found outside (needles...)
All	Water & Plumbing	Plumbing repair with blood or OPIM involved
All	Heating, Ventilation, Air Conditioning & Refrigeration	HVAC or plumbing repair with blood or OPIM involved.
All	Environmental Health & Safety	Incident and emergency response
Professors (Assistant, Associate, Full)	Biology, Chemistry, Physical Education	Research or class projects involving blood or OPIM

D. Responsibilities

Environmental Health & Safety (EH&S) is responsible for:

- Maintaining, reviewing, and updating the university wide Exposure Control Plan annually or whenever necessary to include new or modified tasks and procedures.¹
- Ensuring copies of the Exposure Control Plan are available and providing physical copies to employees when they are requested.¹

¹ Campus Police, Dental Hygiene and Sports & Recreation have department specific ECPs. Those departments are responsible for maintaining, reviewing and updating their ECPs annually or whenever necessary to include new or modified tasks and procedures. Those departments are responsible for ensuring copies of their ECPs are available and for providing physical copies when requested.

- Maintaining employee vaccination records.
- Providing Bloodborne Pathogen Training

EH&S contact information is located at the end of this document.

Human Resources (HR) is responsible for:

- Maintaining employee occupational exposure medical records
- Ensuring appropriate information is communicated to medical professionals treating injured employees

Supervisors are responsible for:

- Implementing the Exposure Control Plan in their departments
- Ensuring employees attend required trainings and are following required procedures when dealing with blood or OPIM.

Employees are responsible for:

- Attending required trainings
- Following procedures when dealing with blood or OPIM

E. Controlling Employee Exposure to Bloodborne Pathogens

The following are procedures used at Eastern Washington University to control employee exposure to bloodborne pathogens:

1. Universal Precautions shall be used when dealing with blood or any body fluids.

All materials will be assumed to contain pathogens and shall be treated as though contact with them could cause disease.

2. Personal Protective Equipment (PPE)

PPE for bloodborne pathogens is clothing and equipment that is worn to protect the user from contact with the infectious material. PPE must prevent blood or OPIM from soaking through the employee's clothes and protect the mucous membranes (eyes, mouth, nose...) from exposure. PPE shall be cleaned, laundered, or disposed of as needed to maintain its effectiveness.

PPE is provided to employees at no cost and shall be available in appropriate sizes. Supervisors are responsible for ensuring all employees have the PPE needed to safely perform their jobs. Supervisors are also responsible for developing procedures for cleaning or disposing of contaminated PPE safely.

PPE includes, but is not limited to:

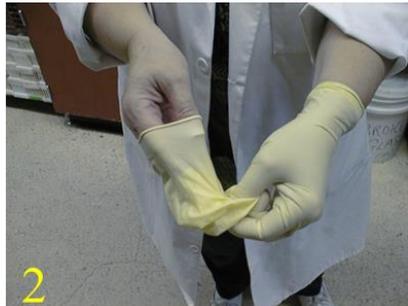
- Gloves
- Eye Protection (goggles, safety glasses, face shields...)
- Mouth Shields (surgical masks, pocket masks, face shields...)
- Shoe Covers
- Clothing Covers (lab coats, coveralls...)

Any employee using PPE must observe the following precautions:

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Wear appropriate gloves when you:
 - Can reasonably anticipate hand contact with blood or OPIM

- Handle or touch contaminated items or surfaces
- Before donning gloves, remove any sharp rings that could tear through the glove
- Be aware that long fingernails could tear through gloves.
- Replace gloves if torn, punctured, contaminated, or otherwise damaged.
- Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Dispose of contaminated PPE according to departmental protocols/procedures
- Remove contaminated garments immediately, or as soon as feasible, in a manner that avoids contact with the contaminated surface.

When removing gloves the outside should always be considered contaminated and the inside should be considered clean. Remove gloves carefully so that contaminated areas only touch other contaminated areas and clean areas only touch other clean areas. A demonstration video can be found here: <https://www.youtube.com/watch?v=dyLEd9cng5U>. Contact supervisor or EH&S (x6496) if you need help with this.



3. Workplace Practices

Workplace practices are the procedures designed to reduce or eliminate the employee's likelihood of:

- Coming into contact with potentially infectious materials
- Contracting an illness from exposure to potentially infectious material

Follow your department's procedures for dealing with potentially infectious materials. If you have any questions or concerns contact your supervisor or EH&S.

Use of appropriate PPE and safety equipment

When working with potentially infectious materials or in areas where potentially infectious materials may be present, PPE shall be worn at all times and replaced immediately if it becomes damaged.

All efforts shall be made to prevent direct contact with potentially infectious materials.

- Brooms and dustpans or tongs shall be used to move physical objects that could cause harm to employees.

Hygiene

One of the best ways to limit infection with BBP and other diseases is frequent handwashing.

Employees shall wash their hands:

- Immediately after removing gloves or other PPE
- Upon completion of tasks involving potentially infectious materials

Eating, drinking, smoking, applying cosmetics and handling contact lenses is prohibited in work areas where there is a possibility of exposure to BBP.

Food and drinks cannot be kept in areas where blood or OPIM is stored or used.

Sharps

When working with sharps, needles shall not be bent, broken off, or recapped.

Needles shall be disposed of in sharps containers, on campus many of the bathrooms have sharps containers and they can be found in most laboratories in the Science Building.

- If the sharps container near you is full, contact your building custodian to have it replaced.

If no sharps container is close to your location, sharps can be placed in a container that is:

- Closable
- Puncture-resistant
- Leak-proof on sides and bottom

The container must be clearly labeled as containing sharps and disposed of with other sharps containers.

Full sharps containers can be taken to the Waste Transfer Facility and placed in the red biohazard can by the roll-up door. (Map and pictures included at the end of this document.)

Procedure for Removing Found Sharps

1. Make sure the area is blocked off, or warn nearby people, so no one accidentally injures themselves
2. Put on PPE, at a minimum gloves shall be worn
3. If at all possible locate a broom and dustpan or find tongs to avoid picking up the sharps with hands
4. Carefully transfer the sharp to a sharps container or another appropriate container

- a. Broom and dustpan: Sweep the sharp into the dustpan and use that to move the item
 - b. Tongs: Make sure everyone is out of the way and use tongs to move the item
 - c. Hands, this is a last resort, hands should not be used to pick up sharps: Have a container next to you, carefully pick up the sharp in the area least likely to cause a wound (away from the needle or blade if dealing with a syringe or knife, at the flattest area if dealing with large broken glass) and transfer to the container
5. Remove PPE and wash hands
 6. Fill out an incident report with EH&S and notify your supervisor

4. Housekeeping

Follow your department's decontamination protocols/procedures for areas where blood or OPIM has been spilled.

General Procedure for Cleaning Up Body Fluid Spills

1. Block off the area around the spill
2. Put on PPE
3. Make up a fresh dilution of Waxie HP Disinfectant Cleaner 730 (Waxie 730):
 - o 2 ounces of Waxie 730 diluted to 1 gallon with water
4. Wipe up the spill using paper towels or absorbent material and place items in a biohazard or other plastic bag
5. Dispose of gloves in biohazard/plastic bag and put on a new pair of gloves
6. Apply the Waxie 730 solution to the contaminated surface and wipe up to remove any remaining body fluids and dispose of absorbent material in the biohazard/plastic bag
7. Dispose of gloves in biohazard/plastic bag and put on a new pair of gloves
8. Gently pour or spray Waxie 730 solution over the entire spill area
9. Let the Waxie 730 solution sit for 10 minutes, the area should remain wet the entire time
10. Wipe up the Waxie 730 solution and dispose of absorbent material in a biohazard or other plastic bag
11. Dispose of gloves in biohazard/plastic bag and put on a new pair of gloves
12. Soak all non-disposable cleaning materials (such as mops or scrub brushes) in Waxie 730 solution for 10 minutes and allow them to air dry
13. Remove PPE carefully and place in biohazard/plastic bag with soiled cleaning materials
14. Double-bag and securely seal the bags
15. Label the bag, see labeling section below
16. Thoroughly wash hand with soap and water
17. Contaminated waste bags can be left in the red biohazard waste can by the roll-up door at the Waste Transfer Facility (map and pictures included at the end of this document).
18. Notify your supervisor
19. Fill out an Incident Report

Containers for contaminated waste must:

- Contain all contents and not leak
- Be appropriately labeled
- Be securely closed before moving

5. Labeling

Containers with potentially infectious materials need to be properly labeled before being dropped off at the Waste Transfer Facility.

Labels should include:



- A biohazard symbol:
 - This can be substituted with a red biohazard bag or a large sign saying “Biohazard”
- The name or initials of the person who prepared the container and a phone number to contact if there are any questions
- The date

6. Hepatitis B Vaccination

Hepatitis B (Hep B) is one of the most common BBP and it has a vaccine. The Hep B vaccine is 95% successful when given to adults. It is a series of two or three shots given over a two or six month period.

The Hepatitis B vaccine is offered, at no cost, to all employees who have the potential for occupational exposure to bloodborne pathogens. The vaccination will be offered within 10 days of initial assignment to employees who are identified in Section C of this ECP. The time needed to receive the shots is work time and will be compensated normally.

Many employees will have had the vaccine as children. For those individuals the university offers a blood draw to determine if the vaccination was successful. If the blood draw determines that the employee is not immune to Hep B, the vaccination will be offered.

Employees may decline the shots by filling out the *Hep B Declination Form*. Employees who initially decline the shots may elect to receive them at any time in the future, free of charge. Contact your supervisor to get the paperwork set up.

Contact EH&S for information about where to go to receive the vaccine.

F. Employee Training

All employees who have the risk of occupational exposure to BBP are required to receive Bloodborne Pathogen Training annually. Departments with their own ECPs have arrangements in place for their employees to be trained. All other departments will receive annual training through EH&S with department specific information provided by their supervisor.

EH&S training will include:

- Information about bloodborne pathogens including:
 - Types of BBP
 - Symptoms of exposure
 - Routes of transmission
- A copy and explanation of WAC 296-823, Occupational Exposure to Bloodborne Pathogens
- Explanation of EWU’s Exposure Control Plan and information about obtaining a copy
- Tasks and activities that may involve exposure to blood or OPIM
- What constitutes an exposure incident
- The use and limitations of work practices and PPE
- Types and use of PPE

- Information about the Hepatitis B vaccine
- Actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including:
 - How to report the incident
 - Medical follow-up available
- Evaluation and follow-up after an exposure incident
- Signs, labels, and color coding used to identify biohazardous materials
- Question and answer session with the trainer

Training materials for EH&S Bloodborne Pathogen Training can be obtained by contacting EH&S.

Training records are maintained for each employee upon completion of training. These documents will be kept for at least three years at the EH&S office.

Training records will include the following information about the training session:

- Date
- Contents or a summary
- Name(s) of trainer(s)
- Names and job titles of all attendees

Training records are provided to employees or their authorized representatives within 15 working days of a request. Requests for training records should be sent to EH&S.

G. Post-Exposure Evaluation and Follow-Up

The following instructions are for EWU employees only. Potential student (not employees) exposures are covered at the end of this section.

Exposure Incident

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with human blood or OPIM. Examples of exposure incidents include needlesticks, splash/spatter to the mucous membranes of the face, and any other incident that involves contact between blood or OPIM and non-intact skin (cuts, scratches, chapped skin...).

Contact between blood or OPIM and unbroken skin is NOT an exposure incident.

Immediate Response

Following an exposure incident, the following steps must be completed:

In the event of a life-threatening emergency, call 911, otherwise:

1. Provide first aid immediately
 - a. For injury or exposure through a wound, rash, or other compromised skin:
 - i. Scrub exposed area gently but thoroughly for 15 minutes using warm water and soap.
 - ii. A safety shower may be used if the affected area cannot be washed in a sink. Stay under the shower for 15 minutes; remove clothing around affected area. Use a fire blanket, clean lab coat, spare clothing, or drop cloth for cover-up.
 - b. For eye exposure, use an eyewash for 15 minutes while holding eyelids open.
2. Contact your supervisor or EH&S

3. Make sure the area is secure and no one else will be affected.
4. Go to the Cheney Rockwood clinic and tell them you had a work related bloodborne pathogen exposure
 - a. If away from the Cheney campus, go to the nearest health care center or emergency room.

Supervisors: If your employee has a potential BBP exposure event you or your designate must submit an Incident Report to EH&S as soon as possible.

Evaluation Post-Exposure

The employee who had a potential BBP exposure will receive a copy of WAC 296-823 describing their rights and a post-exposure medical evaluation and follow-up as described in this section.

Employees are strongly advised but not required to have a post-exposure medical evaluation. However, if you decide not to have a medical evaluation you must fill out an *Informed Refusal For Medical Evaluation* form and submit it to EH&S along with your incident report.

1. A medical evaluation will be performed immediately after exposure and will be:
 - a. Confidential
 - b. At no cost to the employee
 - c. At a reasonable time and place
 - d. Administered by a licensed physician or health care professional
2. The examination will include at least:
 - a. Documentation of the routes of exposure and the circumstances under which the exposure happened
 - b. Identification and documentation of the source (individual or materials) if possible.
 - c. Serial collection and testing of blood to detect the presence of HIV, HBV and/or HCV
 - i. In the event that the employee does not permit serologic testing, a baseline blood sample will be held for at least 90 days. During this time the employee can change their mind and testing will be run on the blood sample as soon as possible.
 - d. Post-exposure treatment when medically indicated and as recommended by the physician
 - e. Counseling about the results of testing and information regarding state laws concerning disclosure of information.
 - f. Evaluation of reported illnesses subsequent to the exposure.

The treating health care provider is to provide the employee with a copy of the written opinion on the post-exposure evaluation within 15 days of the incident. This written opinion includes whether Hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination. It documents that a medical evaluation took place following the exposure incident, that the employee has been counseled about potential medical conditions resulting from exposure to blood or OPIM that may need further evaluation or treatment. All other findings are to remain confidential.

It is the responsibility of the supervisor to assist the employee in obtaining a copy of the report if it has not already been provided to the employee. The employee should tell their supervisor if a copy of the report has not been received within 15 days.

Student Exposure to BBP

Students are not covered by the universities insurance. If you are aware of a student who has been exposed to potentially infectious materials, you should:

1. Have them follow the initial first aid step above, either washing or rinsing the affected area for 15 minutes.
2. Advise them to go to their doctor.
 - a. If they have student medical insurance they should go to the Cheney Rockwood Clinic.
3. Let them know that they should inform their doctor that they have had exposure to blood or OPIM.

H. Medical Records: WAC 298-832-170

All employee medical records shall be kept confidential and will not be disclosed without employee's consent, unless required by law.

Employee vaccination files are maintained by EH&S.

Employee occupational exposure files are maintained by HR. All medical documentation related to an employee's occupational exposure to bloodborne pathogens must be sent to HR for inclusion in the employee's files.

Medical information is not to be kept by departments.

I. Forms and Documents Related to this Document

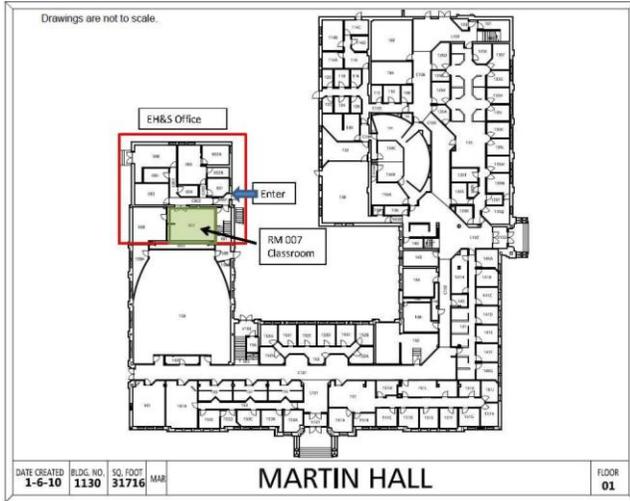
Incident Report Form – <https://inside.ewu.edu/ehs/incident-reporting/>

Hepatitis B Declination Form – <https://d3tb2mkdocc4em.cloudfront.net/ehs/wp-content/uploads/sites/116/2017/02/HepBDeclinationFormTemplateFF.pdf>

Informed Refusal for Medical Evaluation Form – <https://d3tb2mkdocc4em.cloudfront.net/ehs/wp-content/uploads/sites/116/2017/03/Informed-Refusal-For-Medical-Evaluation-Form-Fillable.pdf>

WAC 296-823, Occupational Exposure to Bloodborne Pathogens – <http://apps.leg.wa.gov/WAC/default.aspx?cite=296-823>

J. EH&S Contact Information and Waste Transfer Facility



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