

**THE MINNEAPOLIS COLLEGE OF ART AND DESIGN
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

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BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN

The Minneapolis College of Art and Design

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

A. GENERAL:

OSHA's Bloodborne Pathogen standard is intended to protect more than 5.6 million workers who come into contact with blood and other infectious materials on the job. OSHA predicts this standard will prevent more than 200 deaths and 9,200 infections annually.

B. PURPOSE:

The purpose of this exposure control plan is to limit occupational exposure to blood and other potentially infectious materials since such exposure could result in the transmission of bloodborne pathogens and lead to disease or death. This plan includes engineering controls, work practices, personal protective equipment, and methods of compliance which, when coupled with employee training, will reduce on-the-job risks for all employees exposed to blood.

C. SCOPE:

This standard covers all employees who could reasonably be expected to have contact with blood and other potentially infectious materials as the result of performing their job duties.

D. RELATED PROCEDURES OR FORMS:

Bloodborne Pathogen Post-Exposure Follow-up Packet – Minnesota Occupational Health (Assistant Director, Human Resources and Occupational Health & Safety Coordinator have copies)

E. EXPOSURE DETERMINATION:

Class A

OSHA requires employers to determine which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

At MCAD, the following job classifications are in this category:

<u>Job Categories</u>	<u>Job Tasks</u>
• Facilities Maintenance Staff (Fulltime)	Plumbing, Repairs, Cleanup
• Custodial Staff (Fulltime)	Cleanup, Waste Disposal
• Public Safety Staff	Emergency Response, First Aid

Class B

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would

cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Categories

Job Tasks

- None

F. **IMPLEMENTATION SCHEDULE AND METHODOLOGY:**

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

1. **Compliance Methods**

Universal precautions will be observed at MCAD in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Hand washing facilities are available to the employees who are exposed to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after exposure. At this facility, hand washing facilities are located:

- Restrooms, painting studios, shops, darkrooms, printmaking, papermaking

Supervisors will ensure that, after personal protective gloves are removed, employees will wash their hands and any other potentially contaminated skin area immediately (or as soon as possible) will soap and water.

Supervisors will ensure that if employees incur exposure to their skin or mucous membranes, those areas will be washed or flushed with water as soon as feasible following contact.

2. **Personal Protective Equipment**

PPE Provision

All personal protective equipment referred to in this policy will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time which the protective equipment will be used.

PPE Use

Each Department Head will ensure that the appropriate PPE is available and that the employee uses appropriate PPE. Each employee required to wear PPE will be trained in proper use and will be expected to use the PPE.

PPE Accessibility

Each Department Head will ensure that appropriate PPE is readily accessible at the work site or is issued without cost to employees. Hypo-allergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

PPE Cleaning, Laundering and Disposal

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood will be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

Disposal

NOTE: Public Safety should be called whenever an injury results in copious amounts of blood and/or infectious materials on protective equipment, clothing and/or towels and are sopping or dripping with blood.

A. When Public Safety responds to an injury at MCAD:

1. Contaminated personal protective equipment, including gloves, goggles, masks, CPR mouthpieces, cleanup materials should be placed in a plastic bag, sealed and placed in the trash for disposal.
2. Clothing, personal protective equipment, cleanup materials that is sopping or dripping with blood and/or infectious materials should be placed in RED plastic bags, sealed and given to the Custodial Department for disposal.

B. When Public Safety is not involved:

1. Contaminated personal protective equipment and cleanup material that is not sopping or dripping with blood or infectious material can be plastic bagged, sealed, and placed in the trash for disposal.
2. Clothing that is not sopping or dripping with blood or infectious material can be bagged, sealed, and marked "Contaminated Laundry." The custodial staff should be called to remove it from the area. MCAD will pay to have the soiled laundry cleaned or clothing replaced.

C. Cleanup

1. Cleanup of blood or other potentially infectious materials will be done by the responder except when Public Safety deems it necessary to call the custodial staff or a Bio Hazard contractor. Cleanup materials/disinfectants are available from the custodial staff. Infection control kits are kept in Public Safety, Custodial, and Safety Coordinators offices. Public Safety or Custodians will call contractors for disposal.

REMEMBER: ALL CONTAMINATED EQUIPMENT AND CLOTHING SHOULD BE DISPOSED OF BY A BIO HAZARD CONTRACTOR. CONTAMINATED CLOTHING SHOULD NOT BE WORN HOME

- **ADVANCED DECONTAMINATION SERVICES** IS A BIO HAZARD CLEANUP CONTRACTOR THAT CAN BE CALLED FOR CLEANUP OF COPIOUS QUANTITIES OF BLOOD OR INFECTIOUS MATERIALS – 24 HOUR EMERGENCY # - 651-998-0922, CELL # - 651-765-2429
- **STERICYCLE** OUR WASTE DISPOSAL CONTRACTOR FOR BIOHAZARD WASTE WILL COORDINATE DISPOSAL OF BIOHAZARD MATERIALS IF A HAZMAT INCIDENT IS INVOLVED – 24 HOUR EMERGENCY # - 866-783-7422, GIVE ACCT # 2227519-001 FOR PICKUP

Gloves

Gloves for personal protection will be worn when it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, non-intact skin, or mucous membranes. They will also be worn when handling or touching contaminated items or surfaces.

Disposable single use gloves are not to be washed or decontaminated for reuse. They are to be replaced as soon as practical when they become contaminated, torn, punctured, or whenever their ability to function as a barrier is compromised.

Eye and Face Protection

Trained staff responding must use eye protection devices, such as goggles and masks must be worn whenever splashes, spray, splatter, or droplet of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at MCAD which would require such protection are as follows:

- Emergency treatment provided for accident situations.
- Cleanup of blood or potentially infectious materials.
- Certain plumbing repairs involving wet sludge from drains and traps.

3. Hepatitis B Vaccine Pre- Exposure, Post-Exposure, and Follow-up

Employment Pre Exposure- Class A & Class B Workers

MCAD will make available the Hepatitis B vaccine and vaccination series to all employees who have potential occupational exposure as defined in section E. See Appendix A for Approval Form.

- a.) The vaccination will be made available at no cost to employees
- b.) BBP training will be conducted by the Occupational Health & Safety Coordinator within 10 days of initial job duties involving potential exposure and the vaccination will be made available during the time period also.
- c.) The employee's supervisor shall contact the Occupational Health & Safety Coordinator to schedule shots.
- d.) Employees who decline the Hepatitis B Vaccination must sign the Declination Waiver in Appendix A.

Post Exposure

MCAD will make available the Hepatitis B vaccine on a post exposure follow-up basis to employees who have had an exposure incident.

MCAD will ensure that all medical evaluations and procedures, including the Hepatitis B post exposure follow-up vaccine, are:

- a.) Will be made available at no cost to the employee.
- b.) Will be made available to the employee at a reasonable time and place.
- c.) Performed by or under the supervision of a licensed physician or other licensed healthcare professional.
- d.) Provided according to the recommendation of the U.S. Public Health Service.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination--Post Exposure

The Occupational Safety & Health Coordinator is in charge of the Hepatitis B post-exposure follow-up vaccination program. This service is provided by Minnesota Occupational Health (651-842-5300), 1661 St. Anthony, St. Paul. The clinic is open from 7:00 a.m. to 5:00 p.m. After these hours, employees should be seen at the Abbott Northwestern emergency room (612-863-4233).

All employees who decline the offered Hepatitis B vaccination after an exposure shall sign the OSHA required waiver indicating their refusal (see Appendix A).

Post Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. When the employee experiences an exposure incident, it must be reported to the Department Head of the area and the Occupational Health & Safety Coordinator and the Assistant Director of Human Resources.

Following a report of an exposure incident, the exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a.) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b.) Identification and documentation of the source individual, unless it can be established that identification is not possible or prohibited by state or local law.
- c.) The source individual's blood will be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, documentation that legally required consent cannot be obtained will be maintained in the Human Resource Office. Test results will be maintained in the Human Resources Office also.
- d.) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e.) 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.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a.) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- b.) The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who experience an exposure incident will be offered post exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by Minnesota Occupational Health, 1661 St. Anthony, St Paul.

Information Provided to the Healthcare Professional

The Occupational Health & Safety Coordinator will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a.) A copy of 29 CFR 1910.1030.
- b.) A written description of the exposed employee's duties as they relate to the exposure incident.
- c.) Written documentation of the route of exposure and circumstances under which exposure occurred.
- d.) Results of the source individual's blood testing, if available.
- e.) All medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion

The Occupational Health & Safety Coordinator will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- a.) A statement that the employee has been informed of the results of the evaluation.
- b.) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

4. Information and Training

The Occupational Health & Safety Coordinator will coordinate and establish training for MCAD. Each Department Head will ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it will be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee and free of charge. The training will be interactive and cover the following:

- a.) A copy of the standard and an explanation of its contents.
- b.) A discussion of the epidemiology and symptoms of bloodborne diseases.
- c.) An explanation of the modes of transmission of bloodborne pathogens.
- d.) An explanation of The Minneapolis College of Art and Design, Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy.
- e.) The recognition of tasks that may involve exposure.
- f.) An explanation of the use and limitation of methods to reduce exposure, for example, work practices and personal protective equipment (PPE).
- g.) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.

- h.) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge following an exposure incident and to those employees in job classifications who may incur occupational exposure to blood or other potentially infectious materials.
- i.) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- j.) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- k.) Information on the evaluation and follow-up required after an employee exposure incident.
- l.) An explanation of the signs, labels, and color coding systems.

The person conducting the training shall be knowledgeable in the subject matter. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

See Appendix B – What an Employee Should Know About the Bloodborne Pathogens Exposure Prevention Control Plan

5. Record Keeping

Medical Records

The Assistant Director of Human Resources is responsible for maintaining medical records as indicated below. The records will be kept in the Human Resources office in a confidential file.

Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. The records will be kept confidential and maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a.) The name and social security number of the employee.
- b.) A copy of the employee's Hepatitis B vaccination status, including the dates of vaccination.
- c.) A copy-of all results of examinations, medical testing, and follow-up procedures.
- d.) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Training Records

The Occupational Health & Safety Coordinator is responsible for maintaining the following training records. These records will be kept in the Human Resources Department.

Training records will be maintained for three years from the date of training. The following information shall be documented:

- a.) The dates of the training sessions.
- b.) An outline describing the material presented.

- c.) The names and qualifications of persons conducting the training.
- d.) The names and job titles of all persons attending the training sessions.

Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

6. Evaluation and Review

The Occupational Health & Safety Coordinator is responsible for annually reviewing this program, its effectiveness, and for updating this program as needed.

APPENDIX A
Minneapolis College of Art and Design

Hepatitis B Exposure Vaccine Declination Record

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 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 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.

Date	Employee Signature
Date	Witness

Hepatitis B Vaccine Authorization Record

I would like to receive the Hepatitis B vaccination series for the purpose of immunization for occupational exposure to blood or other potentially infectious materials. I understand it is at no cost to me and will be paid for by the Minneapolis College of Art and Design.

Date	Employee Signature	Date vaccination Received:
		1 st . _____
		2 nd . _____
Date	Witness	3 rd . _____

I would like to receive the Hepatitis B vaccination series for the purpose of post - bloodborne pathogen exposure immunization. I understand it is at no cost to me and will be paid by the Minneapolis College of Art and Design.

Date	Employee Signature	Date vaccination Received:
		1 st . _____
		2 nd . _____
Date	Witness	3 rd . _____

I have received Hepatitis B vaccination.

Date	Employee Signature
Date	Witness

APPENDIX B

WHAT EMPLOYEES SHOULD KNOW - THE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. PERSONAL PROTECTIVE EQUIPMENT

Employees should use gloves, goggles, masks and CPR mouthpieces, when the possibility exists of coming into contact with blood and other potentially infectious materials. This personal protective equipment can be obtained from the first aid kits.

II. UNIVERSAL PRECAUTIONS

Universal precautions are to be observed: all blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

III. EXPOSURE TO SKIN, ETC.

Employees who incur exposure to their skin or mucous membranes are to wash or flush those areas with water as soon as feasible after the contact.

IV. WASHING

As soon as possible after the removal of protective gloves, employees shall wash hands and any other potentially contaminated skin areas with soap and water.

V. DISPOSAL

NOTE: Public Safety should be called whenever an injury results in copious amounts of blood and/or infectious materials on protective equipment, clothing and/or towels and are sopping or dripping with blood.

A. **When Public Safety responds to an injury at MCAD:**

1. Contaminated personal protective equipment, including gloves, goggles, masks, CPR mouthpieces, cleanup materials should be placed in a plastic bag, sealed and placed in the trash for disposal.
2. Clothing, personal protective equipment, cleanup materials that is sopping or dripping with blood and/or infectious materials should be placed in RED plastic bags, sealed and given to the Custodial Department for disposal.

B. **When Public Safety is not involved:**

1. Contaminated personal protective equipment and cleanup material that is not sopping or dripping with blood or infectious material can be plastic bagged, sealed, and placed in the trash for disposal.
2. Clothing that is not sopping or dripping with blood or infectious material can be bagged, sealed, and marked "Contaminated Laundry." The custodial staff should be called to remove it from the area. MCAD will pay to have the soiled laundry cleaned or clothing replaced.

C. **Cleanup**

1. Cleanup of blood or other potentially infectious materials will be done by the responder except when Public Safety deems it appropriate to call the custodial staff or a Bio Hazard contractor. Cleanup materials/disinfectants are available from the custodial staff. Infection control kits are kept in Public Safety, Custodial, and Safety Coordinators offices. Public Safety or Custodians will call contractors for disposal.

REMEMBER: ALL CONTAMINATED EQUIPMENT AND CLOTHING SHOULD BE DISPOSED OF BY A BIO HAZARD CONTRACTOR. CONTAMINATED CLOTHING SHOULD NOT BE WORN HOME

VI. REPORTING

An employee who experiences an exposure incident should immediately report it to the Department Head and the Occupational Health & Safety Coordinator.

VII. VACCINATION

- 1 Hepatitis B vaccination is offered at no cost to Employees – Appendix A
2. Employees who decline the offered vaccination will sign the the OSHA required waiver – Appendix A