

**Howard Community College**

**10901 Little Patuxent Parkway  
Columbia, MD 21044**

**Exposure Control Plan  
For  
Blood-borne Pathogens  
Utilizing  
Standard / Universal Precautions**

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## I. *Purpose and Scope*

1.1 This exposure Control Plan has been established by Howard Community College (HCC) to document the procedures intended to minimize and to prevent, when possible, the exposure of the HCC community to disease-causing pathogens that may be transmitted through human blood and various body fluids. The Exposure Control Plan is intended to meet the letter and intent of the federal Blood-borne Pathogen Standard, as regulated by both the Occupational Safety and Health Administration (OSHA) and the Maryland Occupational Safety and Health Administration (MOSH). The purpose of the Blood-borne Pathogens Standards is to reduce the potential of occupational transmission of potentially infectious body fluids caused by micro-organisms / viruses sometimes found in human blood and various other potentially infectious body fluids and /or tissues. The regulation, found in the Code of Federal Regulations (29CFR) 1910.1030 is appended to this Plan.

1.2 The Plan covers all members of the HCC community who may be exposed to blood and other potentially infectious materials as a part of their job duties (see Section III, Exposure Determination) and /or participation in HCC activities. It is a requirement of HCC that all members of the college community adhere to all elements of this Exposure Control Plan.

1.3 A Blood-borne Pathogens Task Force, a subcommittee of the Health and Safety Team or other qualified entity designated the Team will annually review this Plan and update it as necessary to include new or modified tasks and procedures. The Task Force is comprised of the following:

- Health and Safety Team Chair
- Human Resources Director or designee
- Representative of Health Sciences faculty
- Additional representatives as appointed by the Health and Safety Team
- Independent infectious disease control practitioner / consultant, if indicated

### 1.4 Plan Review and Update

The annual Plan review is intended to ensure that the Exposure Control Plan accurately reflects current Federal and State regulations, Centers for Disease Control and Prevention (CDC), and Public Health Service guidelines.

1.5 An official version of the Exposure Control Plan is found on the HCC Internet website.

## II. *General Program Management*

### 2.1 Safety Coordinator

The Safety Coordinator is responsible to:

- a. Maintain overall responsibility for implementing the Exposure Control Plan
- b. Work with administration, faculty, staff, and government agencies to develop and administer any additional policies and practices related to blood-borne pathogens
- c. Coordinate the revision of the Exposure Control Plan as necessary, with appropriate assistance
- d. Act as facility liaison during MOSH inspections
- e. Conduct periodic facility audits to maintain an up-to-date Exposure Control Plan

### 2.2 Division Chairs, Directors, and Supervisors

Division Chairs, Directors, and Supervisors are responsible to:

- a. Comply with established policies and procedures regarding exposure control in their respective areas (see addendums)
- b. Ensure that all HCC community members receive pertinent orientation and/or training with respect to the requirements of the Exposure Control Plan, and refresher training
- c. Provide information and document the acceptance or declination of Hepatitis B vaccine to those who have the reasonably anticipated risk of exposure
- d. HCC community members will be informed about the use of appropriate personal protective equipment for their job tasks and other functions they may be expected to perform. The supervisor will provide additional training when an individual assumes a new position, or when new job functions are added to his/her current position. To determine the need for additional training, the supervisor will compare the employee's previous job tasks to those for any new function to which the employee may be assigned.
- e. Ensure that the HCC community members will have personal protective equipment and engineering controls needed to ensure their safety
- f. Ensure that students / non-employees are educated about and adhere to the contents of the HCC's Exposure Control Plan if participating in a learning experience that has the potential for exposure to blood, body fluids or tissues
- g. Annually, supervisors will be asked to identify, evaluate, and select effective engineering and work practice controls for their employees who have the potential for occupational exposure

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### 2.3 Human Resources Director or Designee

The office of Human Resources is responsible to:

- a. Maintain confidential employee medical records for the duration of employment plus 30 years, according to the HCC Records Management Plan. Access to confidential medical records is restricted to Human Resources employees who need to know and to individual employees under Access to Employee Exposure and Medical Records, as required by the Code of Federal Regulations (29 CFR) 1910.20.
- b. Provide initial training or verify training regarding Exposure Control Plan for all employees reasonably expected to have exposure, prior to employment, or re-assignment to a job having a reasonable expectation of exposure
- c. Provide initial training regarding the Exposure Control Plan for all employees potentially subject to exposure, within two (2) weeks of employment, or re-assignment to a job having potential exposure
- d. Provide annual Exposure Control Plan training for all employees whose job position placed them at reasonable or potential risk of exposure
- e. Maintain documentation of employee acceptance or declination of Hepatitis B vaccine (see Appendix A)
- f. Ensure that employees exposed to blood-borne pathogens receive appropriate treatment as indicated in the Plan

### 2.4 Employees

Individual employees are critical to successful implementation of HCC's Exposure Control Plan. All employees who have the reasonable expectation or potential for exposure must:

- a. Know which job tasks have the potential for occupational exposure to blood, body fluid or tissues
- b. Receive initial training and annual refresher classes
- c. Routinely and consistently follow safe work practices, as detailed in the Exposure Control Plan to prevent exposure
- d. Plan and conduct all work tasks in accordance with HCC's Exposure Control Plan
- e. Maintain all personal protective equipment issued by HCC in good condition, in an accessible location
- f. Practice good personal hygiene habits without exception
- g. Immediately report all exposure incidents and sharps injuries to their supervisor to assure document and treatment
- h. Promptly discuss any concern regarding implementation or operation of the Exposure Control Plan with their supervisor
- i. Require all members of the HCC community to follow procedures and precautions detailed in the Exposure Control Plan for all college programs and activities

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### 2.5 Availability of the Exposure Control Plan to the HCC community

- a. HCC's Exposure Control Plan is made available to all employees during their New Employee Benefits Orientation and on the HCC Internet website. Written copies will be provided within 15 days of request.
- b. The Exposure Control Plan will be included in whole or part as appropriate in manuals and other materials provided to members of the HCC community who have a reasonable or potential risk of exposure.

## III. *Exposure Determination*

### 3.1 General Determination

Exposure determination is made without regard to the use of personal protective equipment. Potentially infectious substances include the following:

1. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, an body fluid that is visibly contaminated with blood, and all body fluids in situation where it is difficult or impossible to differentiate between body fluids
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

### 3.2 Exceptions

The Plan covers the entire HCC community but certain individuals are required to respond to these situations. HCC requires students and visitors who are at risk of exposure due to their activities to receive appropriate instruction from the department supervising their college activities. All employees in areas listed below have an expectation of occupational exposure to blood or other potentially infectious body fluids:

- Childcare Workers
- Safety Officers
- Athletic and Fitness Center Community
- Health Sciences Division Community
- Science Engineering Technology Division Community

Plant Operations Department supervisors may determine that certain individuals within these areas have no expectation of exposure and exempt them from these requirements. Specific instructions are shown in this Plan to provide additional guidance for employees in these departments. Review the appropriate addenda at the end of this document.

## IV. *Methods of Exposure Control*

### 4.1 Standard Precautions / Universal Precautions

<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=1005](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=1005)  
[1](#)

All human blood and any materials potentially contaminated with the body fluids mentioned above will be treated as infectious. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material. Standard Precautions / Universal Precautions are intended to prevent exposure to human blood or other body fluids. The routes of transmission for occupational exposure are:

1. Puncture of the skin with a contaminated sharp object
2. Contact with broken skin
3. Splash to mucous membranes of the eye, nose or mouth

Standard Precautions / Universal Precautions may include the following practices:

- Wear appropriate protective gloves, masks / shields, eyewear
- Wear appropriate protective suits, lab coats, gowns or aprons – these should not be worn outside the contamination area
- Cover open wounds
- Do not use hand lotions prior to donning latex gloves
- Wash / sanitize hands and other exposed skin surfaces
- Use proper care with sharp objects and use sharp containers for disposal of sharps
- Disinfect all possible contaminated surfaces
- Use proper special medical waste disposal containers (i.e.: red bags or labeled BIOHAZARD bags / containers)
- Use protective resuscitation masks for CPR
- Do not eat, drink, apply cosmetics or lip balm, smoke or handle contact senses where exposure may occur



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### 4.2 Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where possible exposure remains after institution of these controls, personal protective equipment must also be used. Mechanical devices that isolate or remove the hazard from the worker will be used whenever possible. These devices include, but are not limited to:

- Proper disposal containers (i.e.: impervious needle/sharps containers, red bags or Biohazard labeled containers)
- Eyewash station
- Splash guards
- Washing facilities, antiseptic towelettes or disinfectant cleaners that are easily accessible to areas where there is potential exposure
- Infection Control Kits

All employees shall perform their tasks in a manner that reduces the risk of exposure. Specific work practices are listed below:

- Do not keep food and drink in refrigerators, freezers, shelves, cabinets or on counter tops where blood or other potentially contaminated materials are present
- Wash hands thoroughly using soap and running water after removing gloves, and as soon as possible after contact with body fluids
- Flush mucous membranes with water as soon as possible after contact with blood or other infectious material
- Mouth pipetting / suctioning of blood or other potential infectious materials is prohibited
- Remove personal protective equipment immediately upon completion of the tasks and place in appropriately designated containers which prevents leakage, for decontamination or disposal
- Perform all procedures in such a manner as to minimize splashing and/or spraying of potentially infectious or contaminated liquids
- Reusable contaminated containers will not be opened, emptied or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury. Employees WILL NOT reach by hand into a container of reusable contaminated sharp objects.

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### 4.3 Equipment Storage

Frequently used items of personal protective equipment, such as gloves and face protection, are stored in each work area. Protective equipment for spill cleanup is stored in each department identified as having potential exposure situations.

All members of the HCC community are expected to report any concerns or need for additional items of personal protective equipment to their supervisor or to any member of the Safety Committee.

### 4.4 Personal Protective Equipment (PPE) Use

To ensure that personal protective equipment (PPE) is used effectively, employees must adhere to these practices:

- Inspect the PPE as it is put on, to ensure that it will provide adequate protection
- Notify the supervisor immediately if equipment needs repair or replacement
- Remove any garment or equipment contaminated by blood or potentially infectious materials immediately, or as soon as feasible. Place contaminated garment in a red plastic or Biohazard bag and take it to the designated location for cleaning or disposal
- When possible, personnel will wear disposable clothing when responding to an accident. If this is not possible, and clothing becomes contaminated, clean them using a commercial washer and dryer, with all costs to be reimbursed by HCC
- Clean reusable equipment in the manner recommended by the manufacturer
- Remove all PPE prior to leaving the work area and arrange for it to be disposed of or cleaned
- Wear gloves when:
  - There is a possibility of hand contact with blood or other potentially infectious material
  - Performing vascular access procedures
  - Handling or touching contaminated items or surfaces
- Replace disposable gloves as soon as practical after contamination or if they are torn, punctured or otherwise have lost their ability to function as a protective barrier
- Decontaminate reusable utility gloves for re-use unless they are cracked, torn or exhibit other signs of deterioration, in which case dispose of them properly
- Use masks, eye protection or face shields whenever splashes, spray or droplets of blood or other potentially infectious material may be generated. Replace when contaminated
- Clean up spills of blood or other potentially infectious materials with an appropriate disinfectant while wearing appropriate PPE

## V. *Labels, Signs and Waste Disposal*

### 5.1 Labels and Signs

A device or bag that contains a potential biological hazard will be marked with one of the following:

- Warning labels stating Biohazard
- Biohazard symbol
- Red bag or red impervious sharps container

Warning labels will be firmly attached to containers of waste, refrigerators, and freezers containing blood or other potentially infectious materials, and any other containers used to store, transport or ship blood or other potentially infectious materials.

### 5.2 Special Medical Waste Disposal

Special medical waste is disposed in the following manner:

- Collect all waste in a closing, leak-proof Red Bag
- Dispose of all waste in the Biohazard waste container, in accordance with applicable federal, state, and local regulations
- If the bag is contaminated with blood or other potentially infectious or contaminated materials, double-bag it prior to handling, storing or transporting the bag
- Place disposable syringes, needles, blades, broken glass, and other sharp items in the puncture-resistant Sharps container for disposal. No one will pick up contaminated sharp objects directly with ungloved hands.
- Biohazard waste is collected and removed by a licensed agency.

## VI. *Hepatitis B Vaccination*

### 6.1 Employees

Employees whose jobs may reasonably be anticipated to involve directly contacting blood or other potentially contaminated material will be offered the Hepatitis B vaccination series at a reasonable time and place and at no charge within 10 days of placement. Employees are strongly urged to follow the vaccination series through to completion as recommended by the manufacturer.

If an eligible employee chooses not to receive the Hepatitis B vaccination, the employee must sign a Hepatitis B Declination Statement (Attachment A), which will be filed in the Office of Human Resources.

Vaccination will be given according to standard medical practice under the supervision of a licensed physician or other licensed healthcare professional. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the booster dose will be made available at no cost to eligible employees by HCC.

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

### 6.2 HCC community members (non-employees)

HCC community members (non-employees) who may reasonably anticipate direct contact with blood or other potentially contaminated materials are advised to receive the Hepatitis B vaccination series at their own expense.

## VII. *Exposure Incident Procedure*

### 7.1 Exposure Incident

Should an exposure incident occur, the first priority is the emergency medical treatment (such as clean the wound, flush eyes and mucous membranes, etc.) for the individual(s) exposed. Call Security immediately and if the situation warrants also call 911.

### 7.2 Employee or HCC Community Member Exposure

If the event is an occupational exposure, employees have the opportunity to receive at no cost, an immediate confidential medical evaluation performed by a licensed health care practitioner. Associated testing will be performed by an accredited laboratory. An attempt will be made to contact the source individual to collect and test their blood for the presence of Hepatitis B and HIV.

If the event involves any other HCC community member, they are directed to contact a health care practitioner for treatment and follow up - this occurs at their own expense.

### 7.3 Required Notifications

The following individuals should also be informed once the emergency phase of the incident is over:

- The individual responsible for the event
- Immediate supervisor or Division Chair (or their designee)
- For employees, Human Resources should also be notified
- For non-employees, Security will notify Risk Management Team

### 7.4 Exposure Procedure Incident Card

An exposure Procedure Incident Card will be given to the exposed individual at the time of exposure. The double-sided card contains information for care immediately following exposure and then posts incident follow-up instructions. A copy of the card is in the Attachment B.

Side 1 of card: Care following exposure (to be completed)

Side 2 of card: Body Fluid Exposure Incident Procedure

### 7.5 Post-exposure evaluation and follow-up

Post-exposure evaluation and follow-up will be performed by the Risk Management Team.

## *VIII. Recordkeeping*

### 8.1 Exposure Record

All exposure reports, sharps logs, and other records are kept confidential and must be kept on file five years following the exposure. No other information will be disclosed or reported without the written consent of the individual involved, except as may be required by law. Each confidential exposure record will include:

- The exposed individual's name and social security number
- A copy of the HCC incident report
- For employees, a copy of the incident report, Howard County Employee's Incident/Injury report and all test, exam, and follow-up procedures as provided by the treating medical facility
- For employees, a copy of the employee's Hepatitis B vaccination status, including dates and any records relative to the employee's ability to receive vaccination
- The employer's copy of the Health Care professional Written Opinion, a copy of which will be given to the exposed employee with 15 days of completion
- HCC non-employee records will be maintained in applicable department divisions or specific program areas for five years

### 8.2 Contaminated Sharps Injury Log

A Sharps Injury Log pertains to all members of the HCC community, must be completed within fourteen days of exposure. This log will be maintained to record all percutaneous injuries from contaminated sharps. The information will be recorded in such a way as to protect the confidentiality of the injured individual. The log will be maintained in applicable department divisions or specific program areas for five years

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### 8.3 Document Retention of Employee Exposure Records

The Office of Human Resources will document any exposure incident in accordance with the Access to Employee Exposure and Medical Records, as found in the Code of Federal Regulations 1910.20. Records will be maintained in confidence by the Office of Human Resources for at least the duration of employment plus 30 years. These records include:

- The exposed individual's name and social security number
- A copy of the HCC incident report
- For employees, a copy of the incident report, Howard County Employee's Incident/Injury report and all test, exam, and follow-up procedures as provided by the treating medical facility
- For employees, a copy of the employee's Hepatitis B vaccination status, including dates and any records relative to the employee's ability to receive vaccination
- The employer's copy of the Health Care professional Written Opinion, a copy of which will be given to the exposed employee with 15 days of completion

### 8.4 HCC Community Training Records

Employee training records will be maintained by the Office of Human Resources for the length of employment plus 10 years. The record will include:

- The date of the training
- Contents or summary of training topics
- Names and qualifications of persons conducting the training
- Names and job titles of all employees attending the training

Non-employee training records will be maintained by the individual programs or departments in accordance with accreditation requirements.

## IX. *Employee Education*

### 9.1 Responsibility

A well-informed employee is a central factor in HCC's Exposure Control Plan activities, by which employee exposure will be eliminated or substantially minimized. Transmission of information to employees has been accomplished by means of initial training of all HCC employees whose job tasks may expose them to situations in which the potential for exposure may exist.

Education will be repeated annually, and upon employment for new employees. Additional on-the-job training will be provided by supervisors as changes in tasks or procedures may affect employees' potential for exposure.

### 9.2 Presentation

Educational seminars and techniques that are tailored to the educational level and language of employees will include an opportunity to ask questions and have them answered by a knowledgeable trainer. The HCC Office of Human Resources and the Safety Coordinator are responsible for scheduling and documenting the training.

### 9.3 Topics

The topics covered in the training seminars will include, but not be limited to:

- Explanation and location of the Exposure Control Plan and the Blood-borne Pathogens Standards as found in the Code of Federal Regulations 1910.1030
- The epidemiology, modes of transmission, and symptoms of diseases transmitted via human blood
- Procedures and job tasks that may expose employees to blood or other potentially infectious materials
- Engineering and work practice controls used at HCC
- Limitations and basis for selection of personal protective equipment, including types available, proper use, location within the facility, removal, handling, decontamination, and disposal
- Visual warning of biohazards, including labels, signs, and color-coded red containers
- Information on the Hepatitis B program, including the benefits and safety of vaccination, a test of protective titer, and that the vaccine will be offered free of charge
- Information on procedure to use in an emergency that may involve an exposure incident
- Explanation of post-exposure evaluation and follow-up procedures
- How to inspect equipment for contamination
- How to decontaminate equipment



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### 9.4 Education Methods

HCC will utilize appropriate adult education training methods that achieve these objectives:

- Encourage trainee involvement with the topic
- Utilize appropriate audiovisual aids
- Build upon the participants' current knowledge base of the subject
- Allow opportunity for interactive questions and answers with the person conducting the training session
- Offer handouts or other methods to obtain further information

### 9.5 Training Records

Employees will input employee and/or supervisor training documentation into HCC Express. Employee training records will be maintained by the Office of Human Resources for the length of employment plus 10 years. The record will include:

- The date of the training
- Contents or summary of training topics
- Names and qualifications of persons conducting the training
- Names and job titles of all employees attending the training

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.

Non-employee training records will be maintained by the individual programs or departments in accordance with accreditation requirements.

**ADDENDA**

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### **Addendum A**      **Glossary of Terms**

**Blood-borne Pathogens** – pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis and Human Immunodeficiency Virus (HIV)

**Contaminated** – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface

**Decontamination** – the use of physical or chemical means to remove, inactivate or destroy blood-borne 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** – the methods, equipment or procedures that isolate or remove the blood-borne pathogens hazards from the workplace

**Parenteral** – piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions

**Regulated waste** – liquids or semi-solid blood or other potentially infectious material; or contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed; or items that are caked with dried blood or other potentially infectious material and are capable of leaking this material during handling

**Sharps** – 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

**Universal Precautions** – approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, Hepatitis B, and other blood-borne pathogens

**Standard Precautions**– guidelines recommended by the Centers for Disease Control and Prevention for reducing the risk of transmission of blood-borne and other pathogens The standard precautions synthesize the major features of universal precautions (designed to reduce the risk of transmission of blood-borne pathogens) and body substance isolation (designed to reduce the risk of pathogens from moist body substances) and apply them to all patients receiving care in hospitals regardless of their diagnosis or presumed infection status. Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions *except sweat*, regardless of whether or not they contain blood; (3) non-intact skin; and (4) mucous membranes. The precautions are designed to reduce the risk of transmission of microorganisms/viruses from both recognized and unrecognized sources of infection in hospitals

**Work Practice Controls** – methods or procedures that reduce the likelihood of exposure by altering the manner in which a task is performed, i.e.: prohibiting recapping of needles by means of a two-handed technique

**Addendum B            Safety Officers**

The College wishes to protect the well-being and health of the Safety Officers who serve in the unique college environment. The following procedures are designed to supplement the HCC Exposure Control Plan in providing training and protection to the security officers who may be exposed to potentially infectious blood and/or body fluids.

**B.1. Procedures**

**B.1.2. Personal Protective Equipment (PPE)**

All Safety Officers are issued protective gloves and a protective CPR mask with a one-way valve, to be carried in the provided belt carrier at all times while on duty in uniform. A monthly inspection of all issued protective equipment is conducted by the supervisor to ensure that the equipment is in a serviceable and safe condition and that it is being carried. A supply of gloves and CPR masks are maintained in an accessible location to officers 24 hours a day.

**B.1.3. Training Program**

An annual blood-borne pathogen training program is provided for all HCC Security personnel. Contractors are responsible for conducting annual training to all contracted security personnel and providing relevant documentation.

**B.2.1. Sick and/or Injured Persons**

In all situations where the potential for contact with body fluids from a victim exists, all personnel must utilize the issued protective equipment available to them, using Standard Precautions. If Cardiopulmonary Resuscitation (CPR) is required, all personnel must use the issued protective mask with one-way valve over the mouth of the victim.

**B.2.2. Searches of Persons**

In performing searches on individuals where there are unknown fluids present, all personnel involved with the search must, when practical, utilize the protective equipment available. If practical, the person being searched will be instructed to empty his/her own pockets, turning them inside out. This should only be required when officer safety is not compromised.

**B.3.1. Crime Scenes**

All personnel entering a crime scene where body fluids are present shall apply Standard Precautions, treating all fluid as infectious. All personnel present at the crime scene and/or involved in the collection of evidence, or those who could possibly be exposed to blood or other body fluid, shall use all available personal protective equipment.

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### B.4.1. Deceased Bodies

When an exposure occurs involving a dead body or body part, a tag shall be attached to the body stating that an exposure has occurred involving security personnel. The name of the Safety Officer and a contact telephone number shall be included on the body tag. The exposure incident shall be included in the crime scene report, listing what type of exposure occurred, the name of the person exposed, and that the Police Department was notified.

### B.5.1. Handling Procedures for Infectious Waste

Cleaning of contaminated areas and removal of contaminated materials is performed by HCC Housekeeping.

### B.5.2. Contaminated Sharp Objects (Non-Evidentiary)

All sharp objects, not being used for evidence, shall be placed in the appropriate sharps disposal container and disposed according to HCC's Biohazard Waste policies.

### B.5.3. Contaminated Sharp Objects (Evidentiary)

All sharp objects that are needed as evidence shall be placed into the appropriate sharps (evidence) container.

### B.5.4. Contaminated Clothing (Non-Evidentiary)

All clothing items that are not being collected as evidence and that are contaminated with body fluids shall be packaged in disposable waste bags as designated by the waste disposal contractor.

Uniform components that become contaminated shall be packaged in the appropriate biohazard bag and taken to an appropriate washer and dryer for laundering, then if necessary for dry cleaning. All cleaning costs shall be borne by HCC's Security Department.

### B.5.5. Contaminated Clothing (Evidentiary)

All contaminated clothing that is collected as evidence shall be given to the local jurisdiction. The outside of the packaging shall include a warning label stating that the package contains a biohazard.

### B.5.6. Contaminated Gloves and Masks

After gloves are used in a potential exposure incident, they are placed into a Red Biohazard bag and the bag secured for proper disposal. The employee using the gloves shall, as soon as feasible, wash his/her hands with the hand cleaner in the patrol vehicle and at the first opportunity, wash hands in a hand-washing facility with soap and running water.

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### **Addendum C Environmental Services Department**

Hygienic maintenance of the facilities at Howard Community College includes the custodial work force, the maintenance grounds staff and all trades workers. Custodial contracts will be accomplished in accordance with contract specifications geared to provide proper facility cleaning and maintenance. These procedures shall be followed by all HCC staff and contract housekeeping and maintenance employees.

#### **C.1. Housekeeping Staff**

- C.1.1. Wear disposable gloves, eye protection, and other disposable coverings as appropriate.
- C.1.2. Wash hands and forearms with an appropriate disinfectant before every break  
Replace disposable gloves after each break. Clean and disinfect non-disposable gloves and hang to dry during the break. Durable, throwaway gloves are permissible.
- C.1.3. At the end of the workday or task, clean and disinfect equipment with appropriate disinfectant.
- C.1.4. Keep all soap dispensers filled with soap.
- C.1.5. Wear dust masks when vacuuming in the rest rooms, as applicable.
- C.1.6. Inspect and, as applicable, disinfect and clean bathroom urinals, commode seats and sinks when blood, mucus, or any other contaminated material is suspected.
- C.1.7. DAILY CLEANING, using a heavy-duty detergent should include all rest rooms and shower/locker rooms, as follows:
  - Wash and clean shower room stalls and locker rooms, including drains.
  - Clean and disinfect wash basins, faucets and pipes under basins.
  - Clean and disinfect toilets, urinals and floor areas surrounding toilets and urinals.
  - Wet mop and disinfect floors.
  - Empty all trash containers and replace liners.
  - Replenish paper products (paper towels and toilet tissue).
- C.1.8. Sanitary receptacles in rest rooms
  - Ensure that receptacles have liners large enough to tie shut, without the possibility of spillage.
  - Empty at least daily.
- C.1.9. DAILY CLEANING of the floors using a disinfectant in the Dental Hygiene suite / reception area and PTA laboratory

## Exposure Control Plan 2013

### C.2. Schedule

#### C.2.1. WEEKLY CLEANING - ALL REST ROOMS AND SHOWER/LOCKER ROOMS:

- Wash and disinfect entrance doors.
- Wash and disinfect stall partitions.
- Wash and disinfect trash and disposable containers.

#### C.3.1. MONTHLY CLEANING - ALL REST ROOMS AND SHOWER/LOCKER ROOMS:

- Wash and disinfect walls.

#### C.4.1. BI-MONTHLY CLEANING - ALL REST ROOMS AND SHOWER/LOCKER ROOMS:

- Vacuum and clean all grills and vents to include door and ceiling vents.

#### C.5.1. MONTHLY CLEANING - ACADEMIC AND ADMINISTRATIVE AREAS:

- Wash and disinfect all trash containers.
- If contaminated material is found, immediately deposit it in an appropriately marked contaminated material container.

## Exposure Control Plan 2013

### **Addendum D Maintenance (Trades and Grounds)**

#### D.1. Protective Equipment

- Wear water proof gloves when:
  - a. Working around commodes, sinks (in rest rooms as well as cafeterias), urinals, shower, traps and other catch basins.
  - b. Touching trash or trash containers either on the grounds or in the buildings.
- “Pic-up” tools may be used outside without wearing gloves.
  - Wear safety glasses when working around other than normal tap water (dirty or gray water).
  - Cordon off the work area (i.e.: close rest rooms).
  - Non disposable gloves used in place of or with disposable waterproof gloves must be disinfected after possible exposure or at end of day.
  - After use, or at the end of the day, disinfect all equipment that might be contaminated, such as drain snakes, truck beds, plungers, etc.

#### D.2. General Maintenance Practices

- Use heavy duty detergent/disinfectant, or an equivalent substitute that is effective against bacteria, viruses and fungi, including Mycobacterium tuberculosis.
- Ensure that first aid kits located within the Maintenance Shop and custodial departments are continually replenished.
- Report any needles or other drug paraphernalia products that are found in the facility or outside to Security.
  - The Security will enter an incident report, and notify the local police jurisdiction.
  - Deposit disposable garments, gloves, or any other personal protective equipment that is contaminated, in an appropriately marked (red bag), leak-proof contaminated material container for disposal by a licensed contractor. Disinfect all contaminated reusable equipment. Contaminated personal clothing must be discarded if it cannot be disinfected on campus.

#### D.3. Equipment and Working Surfaces

Equipment and working surfaces that are contaminated will be cleaned with disinfectant that is effective against bacteria, viruses and fungi, including Mycobacterium tuberculosis, immediately, or as soon as feasible after any spill of blood or other possibly contaminated material and at the end of the work shift if the surface may have become contaminated since the last cleaning.

#### D.4 Special Sharp Object Precautions

Broken glass must be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps. DO NOT REACH BY HAND into a container of reusable contaminated sharps. Wear puncture resisted gloves over disposable gloves when picking up large pieces of glass. Reusable containers must not be opened, emptied, cleaned manually or manipulated in any other manner which may expose employees to the risk of a cut or stab injury.

#### D.5. Regulated Waste Disposal

Place regulated waste in approved containers that can be closed and are puncture-resistant, leak-proof, and labeled with the Biohazard label or color-coded in a Red Bag. The container must be maintained upright and not allowed to overfill. Containers are located in approved sites.



## Exposure Control Plan 2013

### **Addendum E**            **Science Engineering Technology Laboratories**

The personnel responsible for hygiene maintenance of the science laboratories at HCC include the laboratory staff and science faculty. The supervisor will determine whether laboratory activities will be performed that require the use of body fluids (i.e.: blood, saliva, or urine). In these cases, laboratory personnel will follow these procedures:

#### E.1.     DAILY

- Wear a lab coat, smock or apron, gloves, and goggles when appropriate.
- Keep anti-microbial soap containers at sinks.
- Clean lab tables and sinks between classes.
- Wash hands before leaving the lab.

#### E.2.     IN RESPONSE TO AN ACCIDENT THAT MAY INVOLVE BODY FLUIDS

- Wear disposable (plastic or vinyl) or reusable gloves, lab coat or smock, apron, face shield or mask and goggles.
- Cordon off the area, using barrier tape (available from Lab Safety Supply Company), until the scene of the accident has been disinfected.
- Thoroughly clean and disinfect the accident scene IMMEDIATELY after resolution of the situation, using a 1:10 dilution of bleach and water (70% propanol may be substituted) to scrub the equipment, sink and floor when necessary.
- Dispose of contaminated non-reusable items in Biohazard Bags (autoclave when appropriate). The Biohazard Bag should then be placed in a covered, leak-proof container labeled "BIOHAZARD".
- Disinfect reusable contaminated materials with bleach or an alcohol solution as mentioned above.
- Follow the Biohazard Waste policy for disposal of the contaminated materials.

#### E.3.     SHARP OBJECTS PRECAUTIONS

Sharp objects include broken glass (beakers, thermometers, etc.), scalpels and razor blades, pins, teasing needles and syringes. These must be handled in the following manner:

- Dispose of all used sharp objects in the puncture-proof/leak-proof Biohazard containers.
- Otherwise, sharp objects may be placed in a cardboard box, taped shut and placed in a waste container for disposal.

#### E.4.     REGULATED WASTE

Place regulated waste in containers that are capable of being closed, puncture-resistant, leak -proof and labeled with the Biohazard label or color-coded in red. The containers will be maintained upright and not allowed to overfill.

- Follow the Biohazard Waste policy for disposal of the contaminated materials.

#### E.5.     LAUNDRY

When possible, personnel will wear disposable lab coats or aprons when responding to an incident. Response kits containing disposable clothing are located in Custodial closets. If this is not possible, and the reusable lab coat, smock or apron becomes contaminated, clean it using a commercial washer and dryer, with all costs to be borne by HCC.

## Exposure Control Plan 2013

### **Addendum F**            **Offices, Classrooms, and Common Spaces**

F.1.1. All HCC employees are responsible for exercising their best judgment to initiate and follow the procedures listed in the Exposure Control Plan.

Small injuries or wounds should be handled by performing self-administered First Aid. However, in the event of possible exposure to body fluids of other persons, the Plan **MUST** be put into effect. For a potentially serious injury, call Security - the First Responders - for assistance.

Keep in mind that steps must be taken to secure the potentially contaminated area(s) to prevent possible contact with blood or other body fluids until Housekeeping staff perform final cleaning in the area(s).

## Exposure Control Plan 2013

### **Addendum G      Health Sciences**

G1.1 Use needleless systems whenever they are available.

Shearing or breaking of needles is prohibited

Re-capping clean needles used for simulation is accomplished only through the use of a mechanical device or a one-handed technique.

Sharp object containers are closable, puncture-resistant, labeled with a Biohazard label or color-coded in Red, leak-proof on the sides and bottom, and maintained upright as long as they are in use. They are located in each work area, where they are easily accessible to personnel, and as close as is feasible to the immediate area where sharps are used.

Contaminated disposable sharp objects and contaminated broken glass shall be discarded as soon as possible after use in disposable sharp object containers, sealed and disposed of by a disposal contractor in accordance with Federal, State and local regulations.

**ATTACHMENTS**

Exposure Control Plan 2013

**Attachment A Vaccine Declination Form**

**HEPATITIS B VACCINE DECLINATION STATEMENT**

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 infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline this vaccine. I understand that I continue to be at risk of acquiring Hepatitis B, a serious disease.

Employee Name (PRINT): \_\_\_\_\_ SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Declination *(please check one)*:

\_\_\_\_\_ At this time, I do not choose to receive the Hepatitis B vaccine.

\_\_\_\_\_ I have previously completed the 3 dose series of the Hepatitis B vaccine. Documentation of this is attached.

\_\_\_\_\_ I have been exposed to Hepatitis B and blood tests reveal that I have developed antibodies. Documentation of this fact is attached.

\_\_\_\_\_ Other: \_\_\_\_\_

**Attachment B            Bodily Fluid Exposure Procedure Card**

The three most common routes of exposure are:

- 1) Puncture of the skin with a contaminated sharp object
- 2) Contact with broken skin
- 3) Splash to mucous membranes of the eye, nose or mouth

**After a possible Blood-Borne Pathogens exposure contact HCC Security at 443-518-5555, Code Blue towers or red hall phones.**

*Security will call 911 if medical attention is needed, file an Incident Report, and alert Environmental Services if cleanup is needed.*

- Employees must contact the Human Resources Office within 24 hours of the exposure per Workers Comp and Howard County.
- Students and others should contact their own health care practitioner to see if testing or treatment for Hepatitis B and HIV are recommended.

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**Universal precautions are intended to prevent exposure to human blood or other bodily fluids.**

Wear gloves, masks and protective eyewear

Wear protective suits, gowns or aprons

Wash hands and exposed skin

Use care with sharp objects

Disinfect all contaminated surfaces

Use leak proof containers (red bags or marked BIO HAZARD)

Use protective masks for CPR

Do not eat, drink, or apply makeup or contact lenses near exposure

**HCC Environmental Services Staff are trained and equipped to safely clean spills of bodily fluids.**

Attachment C Employee Incident / Injury Report

Location Code: \_\_\_\_\_

Claim No.: \_\_\_\_\_  
Risk Mgmt use only

HOWARD COUNTY  
EMPLOYEE INCIDENT/INJURY REPORT

**Instructions:** This form must be completed immediately for all job-related injuries or infectious materials exposures. Please print and answer all questions completely. If you do not understand the questions or need help completing this form, ask your supervisor for assistance. After you have completed Section I, return the form to your supervisor; they will complete Section II.

Notice of employee injuries must be faxed to Risk Management (410-313-6399) within 24 hours. Do not delay notification if information is incomplete. Call Risk Management at once if injury is serious (410-313-6390).

**Section I - Employee Information:**

Dept.: \_\_\_\_\_ Job Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am \_\_\_\_\_ pm

Location of Incident (be specific): \_\_\_\_\_

Describe in detail what happened, including what caused the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of persons who witnessed the incident: (if not County employee, include address and phone number)

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone # \_\_\_\_\_

Injured Part of Body? (List all that apply) \_\_\_\_\_

When did you report the incident? \_\_\_\_\_ Who did you report it to? \_\_\_\_\_

Did you seek medical treatment? \_\_\_\_\_ Where were you treated? \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This form is for Howard County internal use only; it does not constitute filing a claim with the Maryland Workers' Compensation Commission.**

(Over)

Exposure Control Plan 2013

**Section II - Supervisor Information:**

Supervisor's Name: \_\_\_\_\_ Dept. \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Description of Incident (facts as you know them; do not make assumptions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What safety procedures or personal protective equipment were not in use at time of incident? (Please describe):

\_\_\_\_\_

List all witnesses, in addition to those listed in Section I: \_\_\_\_\_

\_\_\_\_\_

When were you informed of the incident? \_\_\_\_\_

How were you informed? \_\_\_\_\_

\_\_\_\_\_

Was the incident the result of defective equipment or the action of non-county employees? (Please describe, preserve evidence and take photographs):

\_\_\_\_\_

\_\_\_\_\_

Has employee returned to work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Please list corrective action to prevent future incidents, and expected completion dates: \_\_\_\_\_

\_\_\_\_\_

Other comments, if any: \_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Fax this form immediately to Risk Management (410-313-6399). Serious injuries must be called in, (410-313-6390)  
Send original to Risk Management: 6751 Columbia Gateway Drive, Columbia MD, 21046. Keep a copy for Dept. file.*

Form RM-1  
Revised (2/98)



**Exposure Control Plan 2013**

***Attachment D      Regulatory Standard***

**OSHA BLOOD-BORNE PATHOGENS STANDARD**

<http://www.osha.gov>

**Exposure Control Plan 2013**

**Attachment E      Certification**

Attachment F      Sharps Injury Log

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

## Sharps Injury Log

Establishment Name: \_\_\_\_\_ Year \_\_\_\_\_

The Blood-borne Pathogen rule requires that you establish and maintain a Sharps Injury Log to record all contaminated sharps injuries in a facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

The Sharps Injury Log needs to do all of the following:

- Maintain sharps injuries separately from other injuries and illness kept on the Injury and Illness Log
- Include ALL sharps injuries that occur during a calendar year
- Be retained for 5 years beyond the completion of that calendar year
- Preserves the confidentiality of affected employees.

Date	Case/Report Number	Type of Device	Brand Name of Device	Work Area where injury occurred	Brief description of how the incident occurred

**Exposure Control Plan Review / Update**

**Exposure Control Plan Reviewed / Updated:** \_\_\_\_\_

**Blood Borne Pathogen Task Force Members:**

**Angel Burba**

**Georgene Butler**

**Nancy Calder**

**Jon Cooper**

**Ken Crivelli**

**William Fisher**

**James Hwang**

**Cheryl Nitz**

**Susan Seibel**

**Andre Wright**

**Safety Coordinator: Bob Marietta:**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Vice President of Administration and Finance:**

\_\_\_\_\_ **Date** \_\_\_\_\_