JOHN JAY COLLEGE

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN (ECP)
2015

Environmental Health and Safety
Last Date Updated: February 9, 2015
TABLE OF CONTENTS

I. Policy .................................................................................................................. 3
II. Program Administration ....................................................................................... 3
III. Employee Exposure Determination .................................................................. 4
IV. Methods of Implementation and Control .............................................................. 5
   a) Universal Precautions ..................................................................................... 5
   b) Exposure Control Plan ................................................................................... 5
   c) Work Practices ............................................................................................... 5
   d) Personal Protective Equipment ....................................................................... 5
   e) Regulated Medical Waste ............................................................................... 6
   f) Laundry ........................................................................................................... 7
   g) Labels ............................................................................................................ 7
V. Hepatitis B Vaccination ......................................................................................... 7
VI. Post-Exposure Evaluation and Follow-Up ............................................................ 8
VII. Administration of Post-Exposure Evaluation and Follow-Up .............................. 9
VIII. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident.. 9
IX. Employee Training ............................................................................................. 9
X. Recordkeeping .................................................................................................... 10
   a) Training Records .......................................................................................... 10
   b) Medical Records ........................................................................................... 10
   c) OSHA Recordkeeping ................................................................................... 11

Appendix A: Sample Hepatitis B Vaccine Declination Form ................................. 12
Bloodborne Pathogens Standard

I. POLICY

John Jay College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our college in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

   a) Determination of employee exposure
   b) Implementation of various methods of exposure control, including:
      - Universal Precautions
      - Work practice controls
      - Personal Protective Equipment
      - Housekeeping
   c) Hepatitis B vaccination
   d) Post-exposure evaluation and follow-up
   e) Communication of hazards to employees and training
   f) Recordkeeping

In addition to full-time employees, the ECP covers part-time, temporary, contract, and per diem employees. Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

II. PROGRAM ADMINISTRATION

The Environmental Health and Safety Director is responsible for implementation of the ECP. He/she will maintain, review, and update the ECP at least annually, or more frequently, if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The EHS Director will be responsible for training, documentation of training, and making the written ECP available to employees, NY Pubic Employees Safety and Health (PESH) Bureau, and other regulatory representatives. The EHS Director will ensure that appropriate vaccination and OSHA records are maintained.

The EHS Director, Lindsey Kayman, CIH, is located in the Public Safety Office, L2.61 NB, and may be reached at (212) 621-4117 or lkayman@jjay.cuny.edu.

Five departments are covered under this Plan: Athletics, Public Safety, Facilities, Children’s Center, and Science. The only person with potential exposure in Student Health Services is a contracted nurse who is covered under his/her own employer’s Bloodborne Pathogens Plan.
All personnel who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Each department director will provide and maintain all necessary personal protective equipment (PPE), sharps containers, labels and red bags as required by the standard as applicable to their department.

Each department director is responsible for ensuring that employees with potential exposure attend annual training, are offered Hepatitis B vaccinations, and follow emergency procedures as described in this Plan in the event of an exposure.

Public Safety is responsible for ensuring that their personnel know the appropriate steps to take when they are notified of an exposure.

### III. EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees are considered to have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Department</th>
<th>Task/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodians</td>
<td>Facilities</td>
<td>Risks of exposure during cleanup of bodily fluids or blood-contaminated items.</td>
</tr>
<tr>
<td>Plumbers</td>
<td>Facilities</td>
<td>Working on plumbing systems.</td>
</tr>
<tr>
<td>Peace Officers, Sergeants, Campus Security Assistant</td>
<td>Public Safety</td>
<td>Provide minor first aid, CPR, break up fights, or restrain individuals.</td>
</tr>
<tr>
<td>Coach, Athletics Trainer</td>
<td>Athletics</td>
<td>Assisting an injured athlete.</td>
</tr>
<tr>
<td>Classroom Staff</td>
<td>Children’s Center</td>
<td>Providing first aid</td>
</tr>
</tbody>
</table>

The following is a list of all job classifications at our establishment in which some employees have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Department/Location</th>
<th>Task/Procedure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminalistics instructors and lab techs in semesters where human body fluids are being used</td>
<td>Science Department laboratories</td>
<td>Use of specimens containing human or primate cells or tissues. Blood typing in Criminalistics classes.</td>
<td></td>
</tr>
<tr>
<td>Campus Security Specialist, Administrative Coordinator</td>
<td>Public Safety</td>
<td>Provide minor first aid, break up fights, or restrain individuals.</td>
<td></td>
</tr>
</tbody>
</table>
IV. METHODS OF IMPLEMENTATION AND CONTROL

a. Universal Precautions

All employees will utilize universal precautions. Universal precautions means that human blood and other potentially infectious materials are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens no matter who they came from.

b. Exposure Control Plan

Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP within the first 30 days of hire during Bloodborne Pathogens training and during annual training. All employees can review this plan at any time by visiting the John Jay EHS website at http://www.jjay.cuny.edu/ehs. If an actual copy is desired, it can be printed out free of charge. Departments are responsible for notifying Environmental Health and Safety that new employees have been hired.

c. Work Practices

Work practices will be used to prevent or minimize exposure to bloodborne pathogens. Specific work practice controls used are listed below:

- Never reuse needles.
- Breaking or shearing of needles is forbidden.
- There is to be no eating, drinking, smoking, or applying cosmetics in areas where there is a risk for occupational exposures.
- Do not store food or drinks in refrigerators that have been labeled with the biohazardous symbol.
- Use caution when performing procedures involving blood or other potentially infectious material. Take care to minimize splashing, spraying, and splattering of these substances.
- Sharps disposal containers are inspected, maintained, and replaced by the users whenever necessary to prevent overfilling.
- Department supervisors will request input from EHS to evaluate new procedures and new products regularly. EHS will assist department supervisors by informing them of new OSHA rules and regulations.
- Both front-line workers and management officials are involved in this process by suggesting alternative work practices.
d. **Personal Protective Equipment (PPE)**

PPE is provided to John Jay employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided annually by EHS during Bloodborne Pathogens training and by supervisors prior to starting work necessitating use of new PPE.

The types of PPE available to employees are as follows:

- Gloves (All departments)
- Eye Protection (Science, Public Safety, Facilities)
- CPR masks (Public Safety)
- Uniforms (Facilities and Public Safety)
- Tyvek disposable coveralls (Facilities)
- Face-mask to prevent personnel from touching their nose (Facilities)

Public Safety: Officers are required to have a kit with gloves and CPR mask while on duty.

Science: Eye protection, lab coats, and gloves are available and shall be worn when hazardous materials including bloodborne pathogens are used in each laboratory.

All employees using PPE must observe the following precautions:

- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be washed with soap for reuse if there is no direct contact, their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Disposable gloves should never be washed or decontaminated for reuse.
- Wash hands immediately after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area. Blood-contaminated gloves must be disposed of in biohazardous red bags.
- Wear a face mask and eye protection when potential splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove any garment contaminated by blood or OPIM immediately, in such a way as to avoid contact with the outer surface. Garments heavily contaminated with blood or other potentially infectious material must be secured in a red plastic bag or in a bag with a biohazard sticker and disposed of as regulated medical waste through Environmental Health and Safety.


e. **Regulated Medical Waste**

Contaminated sharps are discarded immediately or as soon as possible in a sharps disposal container that is sealable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded red.

Sharps disposal containers are available in Student Health Services and in research and teaching laboratories that use sharps. They must be easily accessible and as close as feasible to the immediate area where sharps are used, even if no biological materials are used.

Broken glassware and needles that may be contaminated with biological agents should only be picked up using mechanical means, such as with a brush and dustpan, forceps, or pliers.

Regulated medical waste is placed in containers which are sealable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contact EHS to schedule a pick-up of regulated medical waste by the college’s regulated medical waste vendor.

f. **Laundry**

Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible and only when wearing gloves. It can be disposed of as biohazard waste unless laundering at high temperature is possible.

g. **Labels**

Equipment or items that have blood or body fluids shall be decontaminated. Items that may contain blood or OPIM or other biohazards will be labeled with the word “biohazard” or a biohazard symbol (shown below). Red or orange bags are used to signify biohazard waste.

![Biohazard Symbol](image)

Departmental directors are responsible for ensuring that biohazard labels are affixed to regulated medical waste or contaminated equipment. Employees must notify EHS if they discover waste, regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels, missing labels, or if they are not stored in the right locations.
V. HEPATITIS B VACCINATION

Details about hepatitis B vaccinations will be covered in initial and annual bloodborne pathogen training sessions including the following topics: safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no charge to employees after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

The vaccination schedule most often used for adults and children has been three intramuscular injections, the second and third administered 1 and 6 months after the first. Transportation will be provided by John Jay.

Vaccination is encouraged unless:

1) The employee has previously received the series;
2) Antibody testing reveals that the employee is immune; or
3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form (See Appendix A). Employees who decline may request and obtain the vaccination at a later date at no charge.

Completed declination forms are kept at the EHS Office.

A copy of the immunization record will be provided to the employee by the clinic when the vaccine is administered. It will be limited to indicating whether the vaccine was administered. A copy or the original immunization record should be provided to the EHS Director.

VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is defined as getting stuck with a sharp device such as a needle or razor which is potentially contaminated with blood or other potentially infectious material, or contact of non-intact skin or the eyes, nose, mouth or ears with blood or other potentially infectious materials. When in doubt about whether skin is not intact (rash, extremely dry, cut, etc.), follow procedures for an exposure incident.

If an exposure incident occurs, personnel must wash their hands or exposure area immediately with soap and water. If contact occurred with the eyes, nose, or mouth, flush the mucous membranes with water for at least 15 minutes and preferably until help arrives.

The Public Safety emergency number, x8888, should be contacted. The incident should be treated as a medical emergency and Public Safety should request FastCare to be dispatched for
the employee to receive a confidential medical evaluation and follow-up at Mount Sinai Roosevelt Hospital.

Following initial first aid, a Public Safety incident report will be completed to:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Advise the source to request that the clinic send results to the exposed employee’s health care provider and sign a release for this purpose.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing for the known disease need not be performed.
- The EHS Director will assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

VII. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Environmental Health and Safety will provide the exposed employee with the following information following an incident:

- If the source patient is known, information on how to find out the source individual’s blood test results.
- A link to the OSHA Bloodborne Pathogens Standard and information on post-exposure procedures.

VIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The EHS Director will review the circumstances of all exposure incidents to determine if safety requirements, personal protective equipment, and work practices described in this Exposure Control Plan were followed.

IX. EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the EHS Director. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
• An explanation of the OSHA Bloodborne Pathogen standard.
• An explanation of the John Jay ECP and how to access it.
• An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
• An explanation of the use and limitations of engineering controls, work practices, and PPE.
• An explanation of the types, uses, donning, doffing, and disposal of PPE.
• Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
• Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
• An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
• Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
• An explanation of the signs and labels and/or color coding required by the standard and used at this facility.

X. RECORDKEEPING

a. Training Records

Training records are maintained for each employee upon completion of training.

Information included on the training record:

• The dates of the training sessions
• The contents or a summary of the training sessions
• The names and qualifications of persons conducting the training
• The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days. Such requests should be addressed to the EHS Director. The training records are available in the EHS department in room L2.61.

b. Medical Records

Vaccination and exposure records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”

The EHS Director should be given the names of employees who have been transported to obtain the vaccination series and will provide the dates to Human Resources to be kept till the duration of employment plus 30 years.
Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to:

Executive Director
John Jay College Human Resources
619 54th Street, 7th Floor
Suite 712
New York, NY 10019

c. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Human Resources.
Appendix A – Sample Hepatitis B Vaccination Declination Form

Complete this form if you have completed Bloodborne Pathogen Training and you wish to Decline getting the Hepatitis B Vaccination.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure 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.

Yo entiendo que debido a mi exposición ocupacional a la sangre o a otros materiales potencialmente infecciosos, yo puedo correr el riesgo de adquirir una infección por el virus de la hepatitis B (VHB). Yo he recibido la oportunidad de ser vacunado con la vacuna contra la hepatitis B, sin costo alguno para mí. Sin embargo, en este momento, yo declino la vacunación contra la hepatitis B. Yo entiendo que al declinar esta vacuna yo continúo bajo el riesgo de adquirir la hepatitis B que es una enfermedad seria. Si en el futuro yo continúo teniendo exposición ocupacional a la sangre u otros materiales potencialmente infecciosos, y si deseo ser vacunado con la vacuna contra la hepatitis B, yo puedo recibir la serie de vacunas sin cargo alguno.

Employee Name/Empleado Nombre:___________________________________
Employee Signature/Firma del Empleado:___________________________
Employee Department ___________________________________
Date/ Fecha :_______________