

BLOODBORNE PATHOGENS PROGRAM
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EXPOSURE CONTROL PLAN FOR BLOOD BORNE PATHOGENS

I. INTRODUCTION AND SCOPE

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) promulgated the final rule (29 CFR 1910.1030) for occupational exposure to blood borne pathogens. The rule, commonly referred to as the blood borne pathogen standard, was promulgated under the authority of the Occupational Safety and Health Act of 1970 and was designed to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), and other blood borne pathogens.

The rule-making effort was based on an OSHA determination that employees face a significant health risk from occupational exposure to blood and other potentially infectious materials considering that these materials may contain blood borne pathogens, including hepatitis B virus which causes Hepatitis B, a serious liver disease, and human Immune deficiency virus, which causes Acquired Immune Deficiency Syndrome (AIDS). In an effort to eliminate or minimize exposure to blood borne pathogens, the standard requires employers to institute a program of engineering and work practice controls, personal protective clothing and equipment, informational training, Hepatitis B vaccination, post-exposure evaluation and follow-up, sign and label programs, and other provisions for employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties.

The preamble to the final rule for occupational exposure to blood borne pathogens, published in the Federal Register on December 6, 1991 (56 FR 64004), describes the rationale behind the standard and discusses provisions of the standard. The text to the final rule is presented with these key elements:

- a) Scope and application of the rule
- b) Definitions
- c) Exposure control
 - 1) exposure control plan
 - 2) exposure determination
- d) Methods of compliance
 - 1) universal precautions
 - 2) engineering and work practice controls
 - 3) personal protective equipment
 - 4) housekeeping
- e) HIV and HBV Research Laboratories and Production Facilities
- f) Hepatitis B vaccination and post exposure evaluation and follow-up
- g) Communication of hazards to employees, labels and signs, and informational training
- h) Record keeping, medical and training records
- i) Compliance dates

OSHA identified occupational settings where individuals are reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties, these include in part: health care facilities, health clinics, research laboratories, linen services, law enforcement, fire and rescue, school, life saving, and regulated waste removal. Considering the scope of applicability of the standard, the fact that Gonzaga University conducts activities utilizing or involving blood and other potentially infectious materials and employs individuals identified as employees who may be reasonably anticipated to come into

contact with blood or other potentially infectious materials during the performance of their duties, the University is required to comply with the requirements established in the standard.

The Environmental Health & Safety Department is charged with the overall responsibility for the development and implementation of a university blood borne pathogen compliance program. The program is designed to provide and achieve regulatory compliance and, most importantly, will provide a means in which university employees will be better informed and protected from exposures to blood and other potentially infectious materials during the performance of their duties. The Environmental Health & Safety Department will provide technical assistance to individual university departments in their effort to address the mandates established in the standard.

II. RESPONSIBILITIES

Although the Environmental Health & Safety Department is charged with the overall responsibility to develop and implement the university's blood borne pathogen compliance program, several other university departments will provide vital support in the effort to adequately protect university employees with occupational exposure and to achieve regulatory compliance with occupational exposure. These include, but are not necessarily limited to:

- School of Nursing
- Health Center
- Security Department
- Custodial Department
- Athletics Department
- Jesuit House Infirmary

The blood borne pathogen compliance program responsibility matrix (see Appendix 3) summarizes key provisions of the plan and corresponds those responsibilities with the affected department. The matrix should only be used as a quick reference. The text of this plan contains the specific details of those responsibilities and should be referenced accordingly.

III. EXPOSURE CONTROL

Employees incur risk each time they are exposed to blood or other potentially infectious materials, and exposure incidents may result in infection and subsequent illness. Considering the possibility of becoming infected from a single exposure incident, exposure incidents must be prevented whenever possible. The goal of the blood borne pathogen standard is to reduce the significant risk of infection by:

- Eliminating or minimizing occupational exposure to blood and other potentially infectious materials
- Providing the hepatitis B vaccine
- Providing post exposure medical evaluation and follow-up

Identifying the tasks and procedures where occupational exposure may occur and the positions whose duties include those tasks and procedures are a critical element of exposure control. By identifying those job classifications with occupational exposure, identification can be made of those employees who are entitled to the provisions of the standard. All personnel who hold positions determined to have occupational exposure are entitled to the protection afforded by the standard.

IV. EXPOSURE CONTROL PLAN

The key provision of the blood borne pathogen standard is the written Exposure Control Plan. The Exposure Control Plan identifies individuals who will receive training, protective equipment, vaccinations, and other provisions of the standard. The written Exposure Control Plan is designed to eliminate or minimize employee exposure and:

- Provide a means in which employees are able to find out what provisions are in place in his or her workplace
- Provide a document for regulatory officials to evaluate the university's compliance status
- Can be used for employee training effort

Based on the requirements established by the standard, the Gonzaga University Exposure Control Plan for blood borne pathogens has been developed and designed to eliminate or minimize university employee occupational exposure to blood borne pathogens during the performance of their duties, and to achieve regulatory compliance with the OSHA/WISHA Blood borne Pathogen Standard.

The University's plan contains the following elements:

- Exposure determination
- Schedule and method of implementation for:
 - Universal precautions, engineering and work practice controls, personal protective equipment, and housekeeping
 - Hepatitis B vaccination and post-exposure evaluation and follow-up
 - Communication of hazards to employees
 - Record keeping
 - Procedure for the evaluation of circumstances surrounding exposure

The plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The plan will be provided upon request for examination and copying to all university employees, employee representatives, and regulatory authorities. The Environmental Health & Safety Department is the university custodian of the document. Arrangements to examine or copy the document can be made by contacting the Environmental Health & Safety Department or by mail request to:

Environmental Health & Safety Department
 Gonzaga University
 Spokane, WA 99258-0080

V. EXPOSURE DETERMINATION

A review of all employee positions at the university has been conducted to determine which employees have occupational exposure to blood or other potentially infectious materials during the performance of their duties. The Environmental Health & Safety Department and individual university departments completed the review. The review identifies job classifications in which all employees in those job classifications have occupational exposure. The exposure determination was conducted with out regard to the use of personal protective equipment.

Job classifications in which all university employees in the specific job classification have occupational exposure pursuant to 29 CFR 1910.1030.

- Athletic Trainers and Coaches
- Hazardous Waste Specialist
- Medical Assistants
- Nurse Practitioners
- Physicians
- Registered Nurses

Job classifications in which some university employees in the specific job classifications have occupational exposure pursuant to 29 CFR 1910.1030:

- Custodial Personnel
- Groundskeeper/Truck Driver
- Security Officers
- Teaching Assistants

VI. METHODS OF COMPLIANCE

A. Universal Precautions

Universal precautions will be observed by all university employees to prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

Universal precautions are methods of preventing disease by preventing transfer of blood and contain body fluids, e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. The underlying concept of universal precautions is that all blood and certain body fluids are considered to be infectious for blood borne pathogens. In most situations, an employee will treat all blood and certain body fluids as though they contained blood borne pathogens and would accomplish this through a variety of measures including, but not necessarily limited to:

- Engineering controls
- Work practice controls
- Personal protective equipment
- Housekeeping

The only exception to the use of universal precautions is in rare instances, such as unexpected medical emergencies, where employees may not be able to put on gloves, don a gown, or tie on a face mask immediately. In those situations where leeway must be accorded the provider of health care or public safety services, the employees must not ignore the underlying concept of universal precautions nor should they decline to use any personal protective equipment simply because it is not practical to use all the equipment appropriate to the task. Only under unexpected extraordinary circumstances will employees have the option of deciding not to use personal protective equipment if they feel such equipment will prevent the proper delivery of health care, or public safety services, or will create a greater hazard to their personal safety if they used such equipment.

The universal precaution exemption provided in the standard applies not to the general concept of universal precautions, but only to the use of personal protective equipment under rare and relatively limited circumstances.

B. Engineering and Work Practice Controls

Engineering and work practice controls-serve to reduce employee's exposure in the work place by either removing the hazard or isolating the worker from exposure. In fact, these control measures are viewed as the primary means of eliminating or minimizing employee exposure. These controls may include process or equipment redesign, e.g., self-sheathing needles, process or equipment enclosure, e.g., bio-safety cabinets, and employee isolation. In general, engineering controls act on the source of the hazard and eliminate or reduce employee exposure without reliance on the employee permanently, subject only, in some cases, to periodic replacement or preventative maintenance. By comparison, work practice controls reduce the likelihood of exposure through alteration of the manner in which a task is performed. While work practice controls also act on the source of the hazard, the protection they provide is based upon the behavior of the employer and employee rather than installation of a physical device such as a protective shield.

The two control methodologies frequently work in sync because it is often necessary to employ work practice controls to assure effective operation of engineering controls.

Where occupational exposure remains after institution of these controls, departments must provide and assure employees use personal protective equipment as supplemental protection. Primary reliance on engineering controls and work practices for controlling exposure is consistent with the best industrial practices that engineering controls and work practices are to be used in preference to personal protective equipment.

To eliminate or minimize employee exposure University facilities and employees will use engineering and work practice controls. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The following engineering work practice controls have been designed and are in place at all university facilities that present potential blood borne pathogen exposure issues.

Hand washing facilities are readily accessible in the workplace to employees that are reasonably anticipated to contact blood or other potentially infectious materials during the performance of their duties. In the event that hand-washing facilities are not feasible, provisions will be provided for the placement of either appropriated antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, employees have been instructed to wash their hands with soap and running water as soon as possible.

Employees are required to wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment. Most importantly, employees are required to wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible, following contact of such body areas with blood or other potentially infectious materials.

Contaminated needles and other contaminated sharps will not be recapped or removed unless the department can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Under these circumstances, recapping or needle removal shall be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible, after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

- Puncture resistant
- Appropriately labeled or color-coded
- Leak-proof on the side and bottoms
- Shall not be handled in a manner that requires employees to reach by hand into containers where these sharps have been placed

Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure. Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on cabinet tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Mouth pipetting/suctioning of blood or other potentially infectious materials is strictly prohibited.

Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container for storage, transport, or shipping shall be labeled or appropriately color-coded and closed prior to being stored, transported, or shipped. When universal precautions are utilized in the handling of specimens, the labeling/color-coding of specimens is not necessary provided containers are

recognizable as containing specimens. This exception only applies while such specimens/containers remain within the facility. Appropriate labeling/color-coding is required when such specimens/containers leave the facility.

In the event that outside contamination of the container occurs, the primary container will be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and will be appropriately labeled or color-coded. If the specimen could puncture the primary container, in addition to the aforementioned required container characteristics, the primary container will be placed within a secondary container, which is puncture-resistant.

Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping, and will be decontaminated as deemed necessary, unless it can be demonstrated that decontamination of such equipment or portions of such equipment is not feasible. An appropriate readily observable label will be attached to the equipment stating which portions remain contaminated. The department is responsible to ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer as appropriate, prior to handling, servicing, or shipping so that appropriated precautions will be taken.

C. Personal Protective Equipment

When there is occupational exposure, the department will provide at no cost to the employee, appropriate personal protective equipment such as, but not limited to: gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, and other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The department will ensure that the employee uses appropriate personal protective equipment unless it can be demonstrated that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care, or public safety services, or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The department will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued to employees. Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

The department will clean, launder, and dispose of personal protective equipment at no cost to the employee. The department will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

If blood or other potentially infectious materials penetrate a garment, the garment will be removed immediately or as soon as feasible. All personal protective equipment is removed; it will be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, or when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable single-use gloves, such as surgical or examination gloves, will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable single-use gloves will not be washed or

decontaminated for reuse. Utility gloves may be decontaminated for use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeled, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks and eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriated protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots will be worn in instances when contamination can reasonably be anticipated, e.g., autopsies, orthopedic surgery.

D. Housekeeping

Departments will maintain work sites in a clean and sanitary condition. The department will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and environmental working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated following the last cleaning.

Protective coverings, e.g., plastic wrap, aluminum foil, or imperviously-backed absorbent paper, used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regular scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware, which may be contaminated, will not be picked up directly with the hands. The spill and/or debris will be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:

- Closable
- Puncture resistant
- Leak-proof on sides and bottom
- Appropriately labeled or color-coded

During use, containers for contaminated sharps will be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g., laundries
- Maintained upright throughout use
- Replaced routinely and not be allowed to overfill

When moving containers of contaminated sharps from the area of use, the containers will be:

- a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
- b. Placed in a secondary container if leakage is possible. The second container will be:
 - Closable
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
 - Appropriately labeled or color-coded

Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Regulated waste will be placed in containers, which are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
- Appropriately labeled or color-coded
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage transport, or shipping
- Appropriately labeled or color-coded; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste will be in accordance with applicable regulations of the United States and the State of Washington.

Contaminated laundry will be handled as little as possible with a minimum of agitation. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use. Contaminated laundry will be placed and transported in bags or containers appropriately labeled or color-coded. When a department utilized universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.

The department will provide employees who have contact with contaminated laundry with protective gloves and other appropriate personal protective equipment.

When a department ships contaminated laundry off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the department generating the contaminated laundry will place such laundry in bags or containers which are appropriately labeled or color-coded.

VII. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

The University will make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-evaluation and follow-up to all employees who have had an exposure incident. The University will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are:

- Made available at no cost to the employee
- Made available to the employee at a reasonable time and place
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

An accredited laboratory, at no cost to the employee, will conduct all diagnostic laboratory tests.

A. Hepatitis B Vaccination

A hepatitis B vaccination will be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindication for medical reasons.

The University will not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the University will make available hepatitis B vaccination at that time.

The University will require employees who decline to accept hepatitis B vaccination offered by the University to sign the statement in Appendix 4. The original signed statement will be maintained in the employee's permanent file at the Health Center and copies will be provided to the Environmental Health & Safety Department and the employee.

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be available.

B. Post-exposure Evaluation and Follow-up

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

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
- Identification and documentation of the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law
- The source individual's blood will be tested as soon as feasible and after

consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the University will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented

- When the source individual is already known to be infected with HBV and HIV, status need not be repeated
- 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 blood for HBV and HIV serological status
- The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained
- If the employee consents to baseline blood collection, but does not give Consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
- Counseling
- Evaluation of reported illness

C. Information provided to the Health Professional

The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided a copy of the blood borne pathogen standard regulation. The department will provide the healthcare professional evaluating an employee after an exposure incident with the following information:

- A copy of the blood-borne pathogen standard regulation
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the University's responsibility to maintain.

D. Healthcare Professionals Written Opinion

The University 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 Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

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

- That the employee has been informed of the results of the evaluation
- 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.

All other findings or diagnoses will remain confidential and will not be included in the written report.

E. Medical Record Keeping

The university Health Center will establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20 and WAC 296-62-08001-Part J. The record shall include:

- Name and social security number of the employee
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- A copy of all results of examinations, medical testing, and follow-up procedures required
- The copy of the healthcare professional's written opinion as required
- A copy of the information provided to the healthcare professional as required

The Health Center will ensure that employee medical records are:

- Kept confidential
- Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

The Health Center will maintain the records required for at least the duration of employment plus thirty years in accordance with 29 CFR 1910.20 and WAC 296-6208001 – Part J.

VIII. COMMUNICATION OF HAZARDS TO EMPLOYEES

Efforts directed at communicating hazards of blood borne pathogens to university employees through the use of labels, signs, and information and training are intended to provide employees with adequate warning to eliminate or minimize their exposure.

A. Information and Training

All university employees with occupational exposure to blood or other potentially infectious materials will participate in a blood borne pathogen information and training program which is provided at no cost to the employee and conducted during their normal working hours.

Training will be provided at the time of initial assignment to tasks where occupational exposure may take place or within 90 days after the effective date of the standard, i.e., June 4, 1992; and at least annually thereafter.

Employees who have received training on blood borne pathogens in the year preceding the effective date of the standard, i.e., March 6, 1992, only need further training with respect to the provisions of the standard which were not included in previous training.

Annual training will be provided for all employees with occupational exposure within one year of their previous training. Employees will receive additional training when changes or modifications of tasks or procedures occur, or when new tasks or procedures affect the employee's occupational exposure. The additional training will be limited in scope by only addressing the new exposure created.

Material will be used that is appropriate in content and vocabulary to the educational level, literacy, and language of employees undergoing the training program.

The training program will contain the following elements:

- An accessible copy of the regulatory text of the blood borne pathogen standard and an explanation of its contents
- A general explanation of the epidemiology and symptoms of blood borne diseases
- An explanation of the modes of transmission of blood-borne pathogens
- An explanation of GU's Exposure Control Plan and the means by which the employee can obtain a copy of the written plan
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriated engineering controls, work practices, and personal protective equipment
- Information on the types, proper use, location, removal, handling, decontamination and disposal of person protective equipment
- An explanation of the basis for selection of personal protective equipment
- Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
- Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the incident and the medical follow-up that will be made available
- Information of the post-exposure evaluation and follow-up that the department 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
- An opportunity for interactive questions and answers with the person conducting the training season.

Individuals knowledgeable in the subject matter covered in the training program as it related to the specific workplace being addressed will conduct training.

B. Training Records

Training record will include the following information:

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

A sample copy of the Gonzaga University Blood-borne Pathogen Training Record is contained in Appendix 3. All training records relative to the blood-borne pathogen standard will be maintained for a minimum of three years from the date on which the training occurred. The Safety Department will serve as the custodian of all blood-borne pathogen standard-training records. All training records required by this standard will be provided upon request for examination and copying to all employees, employee representatives, the Director of the National Institute for Occupational Safety and Health (NIOSH), and the Assistant Secretary of the U.S. Department of Labor in accordance with CFR 1910.20 and the Director of WISHA or his/her designee.

C. Labels

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. There are several exemptions to the labeling requirement:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use do not need to be labeled in accordance with the provisions outlined in this section
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal do not need to be labeled in accordance with the provisions outlined in this section
- Regulated waste that has been decontaminated does not need to be labeled
- Red bags can be substituted for labels on bags or containers of regulated waste

Warning labels will include the following legend:



The label will be fluorescent orange, orange-red, or predominantly so, with lettering or symbols in a contrasting color. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or another method.

In order to maintain consistent labeling throughout the university, the Safety Department will provide all required labeling devices to individual department upon request.

Contaminated equipment scheduled for maintenance or repair will be labeled in accordance with the provisions in this section and the label will also state which portions of the equipment remains contaminated.

IX. LIST OF APPENDICES

- Appendix 1 - Blood borne Pathogen Compliance Program Responsibility Matrix
- Appendix 2 - Hepatitis B Vaccine Treatment Options and Consent Form
- Appendix 3 - Training Record for Blood-borne Pathogens Form

APPENDIX 1 - BLOOD BORNE PATHOGEN COMPLIANCE PROGRAM RESPONSIBILITY MATRIX

RESPONSIBILITY	DEPARTMENTS	EH&S DEPARTMENT	HEALTH CENTER	EMPLOYEE
Exposure control Plan for Blood-borne	Comply with the provisions of the plan and OSHA/WISHA requirements.	Develop and implement an Exposure Control Plan for Blood-borne Pathogens for the impacted university community. Comply with the provisions of the plan and the OSHA/WISHA requirements. Serve as custodian of the written plan.	Comply with the provisions of the plan and the OSHA/WISHA requirements.	Understand the provisions of the plan and the protection afforded by the OSHA/WISHA standard. Comply with the provisions of the plan and the OSHA/WISHA requirements.
Exposure Determination	Identify and document employees with occupational exposure and the associated tasks and responsibilities of those positions. Provide this information to Safety Department.	Compile and maintain data on employees with occupational exposure and the associated tasks and responsibilities of those positions.	Coordinate with the Safety Dept. to identify and document employees with occupational exposure and the associated tasks and responsibilities of those positions.	Notify Safety Dept. if job tasks and responsibilities present occupational exposure concerns that have not been previously identified.
Universal	Ensure that universal precautions are understood and executed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of universal precautions.	Ensure that universal precautions are observed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of universal precautions.		Observe universal precautions when handling blood or other potentially infectious materials.
Engineering and Work Practice Controls	Design and implement engineering controls and institute work practice control procedures which will eliminate or minimize employee	Provide guidance and technical assistance to depts. in the design and selection of appropriate engineering and work practice		Be aware of engineering controls in the work place and the proper use of those controls. Follow established work practice controls to eliminate or

RESPONSIBILITY	DEPARTMENTS	EH&S DEPARTMENT	HEALTH CENTER	EMPLOYEE
Personal Protective Equipment	Provide appropriate personal protective equipment to employees that have occupational exposure.	Provide guidance and technical assistance to depts.. in the selection of the most appropriate types and quantities of personal protective equipment.		Be aware of the proper use, limitations and location of available personal protective equipment. Use appropriate PPE to eliminate or minimize occupational exposure.
Housekeeping	Maintain a clean and sanitary workplace environment. Develop and implement cleaning schedules as deemed appropriate for the types of activities and facilities involved.	Provide guidance and technical assistance to the depts. In the development and implementation of appropriate housekeeping methods.		Be aware of and observe established housekeeping procedures, e.g., use mechanical devices to clean up broken glass in lieu of using bare hands. Maintain work area in a clean and sanitary manner.
Hepatitis B Vaccination		Make available the hepatitis B vaccination to all employees identified through the process of exposure determination to have occupational exposure. Maintain all employee declination statements.	Maintain all employee consent forms.	Accept or decline optional hepatitis B vaccination by signing a mandatory statement.
Post Exposure Evaluation and Follow-up	Inform safety dept. immediately of all exposure incidents.	Provide Labor & Industries information to exposed employee and direct employee immediately to Health Center.	Make immediately available to an exposed employee, following an exposure incident, a confidential medical evaluation and follow-up.	Immediately or as soon as feasible report all exposure incidents to the immediate supervisor, Safety Dept., and Health Center.

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Training Records		Compile and maintain all training records relative to the OSHA/WISHA standard for all university depts. Retain records for a minimum of three years.		Sign in on appropriate training roster during information and training sessions.
Medical Records			Maintain confidential medical records in accordance with OSHA/WISHA mandates for all university employees' with occupational exposure and exposure incidents. Records shall be maintained for the duration of employment plus three years.	
Labels and Signs	Affix appropriate labels to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers of blood or infectious materials.	Provide labels to requesting depts. Disposal bags and containers must be procured by the departments.		Make certain that labels are appropriately affixed. Notify supervisor to report labeling problems.

APPENDIX 2
GONZAGA UNIVERSITY
HEPATITIS B VACCINE TREATMENT
OPTIONS AND CONSENT FORM

Employee Name _____
 ID No. _____

Dept. _____
 Date _____

Washington State Law provides that you have both the right and the obligation to make decisions about your health care. Completion of this form acknowledges your receipt of information needed to make an informed decision regarding treatment of the Hepatitis b virus and its risks, and verifies your personal decision on protection against the virus.

HEPATITIS B VIRUS: Hepatitis B virus is a viral infection with a major effect on the liver. Hepatitis B virus infection is transmitted through close personal contact with an infected individual. There may be six weeks to six months between exposure and the onset of symptoms.

WHO SHOULD GET HEPATITIS B VACCINE? The vaccine is recommended for persons with occupational risk. Public safety workers who are exposed to blood or blood products or who may get accidental needle sticks should be vaccinated. 1st dose : at elected date. 2nd dose: 1 month later 3rd dose: 6 months after the first dose.

POSSIBLE SIDE EFFECTS FROM THE VACCINE: The most common side effect is soreness at the site of injection. Illnesses, such as neurological reactions, have been reported after the vaccine is given, but Hepatitis B vaccine is not believed to be the cause of these illnesses.

SPECIAL PRECAUTIONS: Children, pregnant women, nursing mothers, and persons with sever heart or lung problems should not receive the vaccine unless they receive prior approval from their doctor.

IF YOU HAVE A SEVERE REACTION, OR ONE LASTING MORE THAN 48 HOURS, SEE A DOCTOR.

If you have any questions, contact the Environmental Health and Safety Department or the Health Center.

ONE OF THE FOLLOWING MUST BE INITIALED:

_____ I choose to receive the Engerix-b series as offered by Gonzaga University through Spokane County Heath Department to help protect me form infection by the Hepatitis B virus. To my knowledge, I am not pregnant.

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ I have previously received the Hepatitis B vaccination series and have supplied Gonzaga University documentation establishing when and where I received the vaccination.

 EMPLOYEE SIGNATURE

 DATE

 WITNESS SIGNATURE

 DATE

VACCINATION RECORD

DATE GIVEN	SITE GIVEN DELTOID	GIVEN BY	LOT NUMBER
1. _____	R L	_____	_____
2. _____	R L	_____	_____
3. _____	R L	_____	_____

APPENDIX 3
GONZAGA UNIVERSITY
TRAINING RECORD FOR BLOOD BORNE PATHOGENS

THE FOLLOWING TRAINING AGENDA IS REQUIRED BY LAW

NAME _____ DEPARTMENT _____

ID NUMBER _____

SUPERVISOR _____

CAMPUS TELEPHONE _____

TRAINING BY: _____ DATE _____

TRAINING ITEMS	✓ IF COMPLETED
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Information on the location of the Washington Administrative code (WAC296-62-08001) Blood borne Pathogens	_____
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Exposure Control Program	_____
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General explanation of the epidemiology and symptoms of blood borne diseases	_____
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General explanation of the modes of transmission of blood borne pathogens	_____
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Methods of recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials	_____
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General information on personal protective equipment	_____
Basis for selection of such equipment	_____
Types of equipment	_____
Proper use and handling	_____
Removal of equipment	_____
Decontamination of equipment	_____
Disposal of equipment	_____

General information on engineering controls	_____
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General information on personal protective work practices	_____
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General information on procedures for exposure incidents, method of reporting, medical follow-up availability, medical counseling for exposed individuals	_____
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General information on biohazard signs, labels and color-coding	_____
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General information on Hepatitis B vaccine, including efficacy, safety, and benefits of the vaccination	_____
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Employee Signature

Date