

**CALIFORNIA STATE UNIVERSITY,
LOS ANGELES**

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PROGRAM**

August 2019

PROGRAM APPROVAL AND AUTHORIZATION

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09/03/2019

Date

TABLE OF CONTENTS

Title	Section
POLICY	1.0.
REFERENCES	2.0.
SCOPE	3.0.
RESPONSIBILITIES	4.0.
DEFINITIONS	5.0.
EXPOSURE BY CLASSIFICATION	6.0.
PLAN IMPLEMENTATION	7.0.
TRAINING	8.0.
RECORDKEEPING	9.0.
APPENDICES	10.0.
APPENDIX A: Hepatitis B Vaccine Declination Form	
APPENDIX B: Bloodborne Pathogens (BBP) Exposure Incident Report	
APPENDIX C: Sharps Injury Log	

1.0. POLICY:

It is the policy of California State University, Los Angeles (Cal State LA) to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with federal and state regulations. The Bloodborne Pathogens Exposure Control Plan (ECP) is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. A separate ECP administrator and written plan is maintained by the Student Health Center for its more extensive bloodborne pathogens exposure potential.

2.0. REFERENCES:

2.1. [Title 8, California Code of Regulations \(CCR\), Section 5193.](#)

2.2. [Title 29, Code of Federal Regulations \(CFR,\) Section 1910.1030.](#)

3.0. SCOPE:

This plan includes all Cal State LA employees with potential exposure to bloodborne pathogens including all employees who are trained in blood cleanup and / or administration of first aid as a part of their job assignment. Student Health Center employees are covered under a separate exposure control plan.

4.0. RESPONSIBILITY:

4.1. Administration of the Plan

Table 1 Roles and Contact Information for Bloodborne Pathogens ECP Administration.

Task	Contact Person	Contact
ECP Administrator	Health & Safety Coordinator, Risk Management / Environmental Health & Safety (RM/EHS)	323-343-3549
Medical Surveillance and Recordkeeping	Confidential Admin. Support, Human Resources Management (HRM)	323-343-3671
Training	Health & Safety Coordinator, RM/EHS	323-343-3549
Exposure Incident Reporting	Health & Safety Coordinator, RM/EHS	323-343-3549

4.2. ECP Administrator

The ECP Administrator is responsible for implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary, to include new or modified tasks and procedures and to reflect new or revised employee positions with occupational exposure. The Administrator ensures that the necessary types and sizes of personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags required by regulation and Cal State LA policies will be available in adequate supply.

The Health & Safety Coordinator will be responsible for ensuring that all medical actions required by the regulations are performed, and that appropriate employee health and California Occupational Health & Safety (OSHA) records are maintained.

The Health & Safety Coordinator will be responsible for training, documentation of training, and making the written ECP available to employees, the regulating authority, and representatives of the National Institute for Occupational Safety and Health (NIOSH).

4.3. Departmental Supervisors

Supervisors will determine if jobs that their employees perform involve a potential for exposure to blood or other potentially infectious materials. For those employees with potential exposure, supervisors will:

- 4.3.1. Ensure that their employees having job descriptions listed in Table 1 and 2 receive annual training according to this procedure.
- 4.3.2. Ensure that Table I employees are advised of their right to receive cost-free inoculations against hepatitis B prior to performing job functions that can expose them to BBP.
- 4.3.3. Report incidents of known or potential BBP exposure as soon as possible to the Student Health Center and ECD Administrator. Immunization for hepatitis B has less effect when given more than twenty-four (24) hours after the exposure incident.

4.4. Plan Review and Update

This ECP will be reviewed and updated annually, and whenever new hazards are introduced in the workplace or conditions change that would result in a change in occupational exposure by employees. For example, the ECP will be amended when it is determined that additional job classifications or tasks are likely to or may have occupational exposure to bloodborne pathogens.

5.0. DEFINITIONS:

Bloodborne pathogens (BBP) - microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HTV), which causes acquired immune deficiency syndrome (AIDS).

Exposure incident - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (i.e., needle stick) contact with blood or other potentially infectious material that results from the performance of an employee's duties.

Other potentially infectious material (OPIM) - bodily fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between bodily fluids.

Personal protective equipment (PPE) - protective covering for the head, eyes, hands, feet, and body, such as nitrile or other liquid-resistant gloves, a face mask, or an apron.

Sharp - any sharp objects including needles, wood or metal splinters, nails, and broken glass, contaminated with blood or OPIM.

6.0. EXPOSURE BY JOB CLASSIFICATION:

Table 2 contains a list of all job classifications in which employees are likely to have occupational exposure to bloodborne pathogens.

Table 2 - Likely Occupational Exposure by Job Classification

Job Classification	Department/Location	Exposure Task
Police Officers	Public Safety / campus-wide	first responders / first aid
Custodians (BBP Crew)	Facilities Services / campus-wide	blood spill cleanup
Lifeguard	Physical Education / pool	first aid
Athletic trainers	Physical Education / PE bldg. and field	first aid
Child Care Teacher	Anna Bing Child Care Center	first aid
Researchers / Staff	Research labs / campus-wide	blood / tissue research
Animal Handlers	Chemistry / bioscience labs	diseased research animals

Table 3 contains a list of job classifications in which employees may at some time have occupational exposure, including part-time, temporary, contract, or per diem employees. The list includes tasks and procedures, or groups of closely related tasks and procedures, for which occupational exposure may occur for these individuals.

Table 3 - Possible Occupational Exposure by Job Classification

Job Classification	Department/Work Area	Exposure Task/Procedure
Custodians	Facilities Services / campus	cleanup blood / OPIM sources
RM/EHS staff	EHS / campus	BBP investigations
Plumbers	Facilities Services / campus	sewer line repair & cleanup
Public Safety Staff	Public Safety / campus & roads	emergency support staff

If an employee believes that he or she may be occupationally exposed to bloodborne pathogens and his or her job classification or tasks do not appear on the above lists, the employee should contact the Health & Safety Coordinator as soon as possible.

7.0. PLAN IMPLEMENTATION:

7.1. Access to the ECP

Employees covered by bloodborne pathogens rules and policies will receive an explanation of this ECP during their initial training session as well as a review in annual refresher trainings.

All employees can review this Plan at any time during their work shifts by contacting the Health and Safety Coordinator or on the RM/EHS website / EHS Procedures Manual. A copy of the ECP will be provided free of charge to any employee upon request.

7.2. Universal Precautions

All employees will use universal precautions in order to prevent contact with blood or OPIM during the administration of first aid, the removal of materials and waste from the first aid station, cleanup of any blood or OPIM, and housekeeping of any areas recently (i.e., same day) contaminated with blood or OPIM. All blood and OPIM will be considered infectious regardless of the perceived status of the source.

7.3. Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. Departments are responsible for implementation of the BBP program in this procedure for staff listed in Table 3. The Health & Safety Coordinator will oversee departmental supervisor's implementation of engineering controls and work practices, and updating this BBP program as necessary.

7.4. Engineering Controls/Work Practices/Housekeeping

- Wash hands immediately after contact with blood or OPIM.
- If handwashing facilities are not immediately available after exposure, exposed employee(s) will be provided with an antiseptic cleanser with cloth or paper towels or antiseptic towelettes. Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives.
- When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact.
- After removal of PPE used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible.
- Wash hands immediately or as soon as feasible after removing gloves or other PPE. Remove PPE after it becomes contaminated and before leaving the work area.
- Place used PPE in properly labeled bags. Disposable items can be disposed as bio-waste. Items may be autoclaved prior to disposal as non-hazardous waste. Non-disposable items will be similarly collected in labeled containers for decontamination / laundering prior to reuse.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or 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.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- Remove immediately or as soon as possible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The Health & Safety Coordinator evaluates new exposure control procedures and new products regularly through online searches, notifications from suppliers and safety information services such as Business and Legal Reports and other professional safety organizations.

7.5. PPE

All PPE is provided to employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which it will be used.

Table 4 describes in detail how PPE will be provided and the types of PPE that will be given to employees.

Table 4 - Provision of PPE to Employees

How Provided	PPE Distributor	Procedures Requiring PPE	Type of PPE Required
Facilities Services	Facilities Services Warehouse	Blood cleanup	BBP Kit with disposable gloves, safety glasses, face shield, face mask, Tyvek jacket/coverall
Research Grant	Project based	Exposure to blood / tissue	Disposable gloves, lab coats, face masks, cleanable safety glasses, face shields

All PPE will be cleaned and / or disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All PPE will be removed prior to leaving the work area. If visibly contaminated, PPE will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. The designated disposal areas are:

- The Student Health Center
- Disposition with Biological Safety Officer, RM/EHS, or
- According to research procedures

If PPE or personal clothing is splashed or soaked with blood or OPIM, the person wearing the PPE or clothing will remove the contaminated clothing as soon as possible. This clothing will be laundered at the employer's expense. The clothing would be identified as contaminated and any employee exposed to it will be notified and protected from exposure.

7.6. Gloves

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from location noted in Table 4.

Disposable gloves will not be washed or decontaminated for re-use and will be replaced when they are torn, punctured, or when their ability to function as a barrier is compromised. Use of utility gloves should be limited since there is no cleaning procedure for contaminated utility gloves. Contaminated gloves will be handled as disposable.

7.7. PPE Training

All employees covered under the requirements of this Plan will be trained to properly use, put on, take off, decontaminate, maintain, and store PPE. Training in the use of the appropriate PPE is provided by RM/EHS by request.

7.8. Housekeeping

First aid stations and areas where an incident involving blood or OPIM exposure occurred will be cleaned and decontaminated as soon as possible after the incident.

Decontamination of work areas will be accomplished by using the following materials:

- Freshly mixed 10% bleach / water solution, or
- Sanicide or EPA-registered germicides

Decontamination Contact Time: Regardless of the type of germicide or solution, the application of germicide must be kept for a total contact time of fifteen (15) minutes to ensure destruction of pathogens.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as possible after any spill of blood or OPIM, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dust pan.

7.9. Hepatitis B Vaccination

All employees who have been identified as having exposure or potential exposure to blood or OPIM will be offered the hepatitis B vaccine at no cost to the employee. The hepatitis B vaccination series of shots is available at no cost after initial employee training and within ten (10) days of initial assignment to all employees identified in the exposure determination section of this ECP.

The Health & Safety Coordinator or Biological Safety Officer will provide training to employees on hepatitis B vaccinations addressing safety, benefits, efficacy, methods of administration, and availability.

When an employee elects to be vaccinated, a licensed healthcare professional will conduct a medical evaluation.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series;
- Antibody testing reveals that the employee is immune; or
- Medical evaluation shows that vaccination is contraindicated.

Following the medical evaluation, a copy of the healthcare professional's written opinion will be obtained and provided to the employee within fifteen (15) days of the completion of the evaluation. The evaluation will be limited to whether the employee requires the hepatitis B vaccine and whether the vaccine was administered.

Vaccination is provided by the Student Health Center or the third party provider, Concentra.

7.10. Declination of the vaccine

If an employee declines the vaccination, the employee must sign a declination form. See Appendix A for a copy of the form. Employees who decline may request and obtain the vaccination at a later date at no cost. Signed declination forms are kept in HRM Personnel Records.

7.11. Vaccination for First-Aid Providers

The full hepatitis B vaccination series will be made available to all unvaccinated first aid providers who assisted in an incident involving the presence of blood or OPIM no later than twenty-four (24) hours after the incident, regardless of whether exposure has occurred.

7.12. Exposure Incident Report

Any incident that results in occupational exposure to blood or OPIM will be reported immediately (no later than the end of the work shift) to the Health & Safety Coordinator. The report will include the names of all first aid providers who rendered assistance, and the time and date of the incident. The report will include a determination of whether an exposure has occurred. If so, a post-exposure evaluation will be performed.

A report that lists all first aid incidents will be readily available to employees upon request.

7.13. Post-Exposure Evaluation and Follow-up

Should an exposure incident occur, a confidential medical evaluation and follow-up will be conducted by the Student Health Center or Concentra. Following initial first aid (e.g., clean the wound, flush eyes or other mucous membrane), the following activities will be performed by Cal State LA:

- 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; document that the source individual's test results were conveyed to the employee's healthcare provider
- If the source individual is already known to be HIV, HCV and / or HBV positive, new testing need not be performed
- 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)
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HTV serological status

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample will be preserved for at least ninety (90)

days. If the exposed employee elects to have the baseline sample tested during this waiting period, testing will be performed as soon as possible.

7.14. Administration of Post-Exposure Evaluation and Follow-up

The Health & Safety Coordinator ensures that healthcare professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the bloodborne pathogens regulation and this ECP. The Health & Safety Coordinator will ensure that the healthcare professional evaluating an employee after an exposure incident receives:

- A description of the employee's job duties relevant to the exposure incident
- A description of route(s) of exposure
- Circumstances of the exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Health & Safety Coordinator will provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days after completion of the evaluation.

7.15. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The Health & Safety Coordinator will review the circumstances of all exposure incidents to determine the:

- Engineering controls in use at the time
- Work practices followed
- Description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure or task being performed when the incident occurred
- Employee's training

8.0. TRAINING:

All employees who have occupational exposure to bloodborne pathogens and OPIM will receive initial and annual training conducted by the Student Health Center or Concentra.

All employees who have occupational exposure to bloodborne pathogens and OPIM will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogens diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogens standard

- An explanation of our ECP and how to obtain a copy
- 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, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- 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
- An opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available at the RM/EHS Office.

9.0. RECORDKEEPING:

9.1. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three (3) years at the RM/EHS Office.

Training records will include the:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training
- Names and job titles of all persons attending the training sessions

Employee training records will be provided upon request to the employee or the employee's authorized representative within fifteen (15) working days. Such requests should be addressed to the RM/EHS Office.

9.2. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with the employee exposure and medical records regulation. HRM is responsible for maintenance of the required medical records. These confidential records are kept in HRM for at least the duration of employment plus thirty (30) years.

Employee medical records are provided upon request of the employee or to anyone having written consent from the employee within fifteen (15) working days. Such requests should be sent to:

California State University, Los Angeles
Human Resources Management
5151 State University Drive
Los Angeles, CA 90032

9.3. Cal/OSHA 300 log Recordkeeping

An exposure incident will be evaluated to determine if the case meets Cal/OSHA's recordkeeping requirements (8 CCR 14300-14300.48). This determination, recording and posting activities are done by the Health & Safety Coordinator.

9.4. Sharps Injury Log

All percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log (Appendix C). All incidences must include the following information, if known or reasonably available:

- Date and time of the exposure incident
- Type and brand of sharp involved in the exposure incident
- A description of the exposure incident, which shall include:
 1. Job classification of the exposed employee;
 2. Department or work area where the exposure incident occurred;
 3. The procedure that the exposed employee was performing at the time of the incident;
 4. How the incident occurred;
 5. The body part involved in the exposure incident;
 6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
 7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
 8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.
- Each exposure incident shall be recorded on the Sharps Injury Log (Appendix C) within fourteen (14) working days of the date the incident is reported to the employer
- The information in the Sharps Injury Log (Appendix C) shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

10.0. APPENDICES:

Appendix A: Hepatitis B Vaccine Declination Form

Appendix B: Bloodborne Pathogens (BBP) Exposure Incident Report

Appendix C: Sharps Injury Log



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Hepatitis B Vaccine Declination Form

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

Print employee name: _____

Employee signature: _____ Date: _____



BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT

Employee Instructions:

You are completing this form because you have experienced an actual or a potential exposure to blood or other potentially infectious material. An evaluation of this exposure is required by regulation.

Please complete all the information below. Take this form with you when you go to a physician or other healthcare provider for the evaluation of the exposure. The information contained on this form is crucial to a proper evaluation of the exposure. Please take the time and care in completing the form to insure that the information is clear and accurate. If you need information on where to have this medical evaluation performed, please contact your supervisor.

The medical evaluation for a suspected exposure to blood or other potentially infectious material should be done as soon as possible after the exposure. The effectiveness of certain vaccines or other medication which might prevent any illness resulting from these exposures is greatest if given shortly after the exposure.

Complete the appropriate accident report for your supervisor.

Employee's Statement: (Please Print)

Name: _____

Job Title: _____

Work Location: _____ Work Phone: _____

Supervisor: _____
Name and Title

Description of Exposure Incident:

Date: _____ Time: _____ am / pm

City / Town: _____ State: _____

Describe Incident: (Please include the type of infectious material to which you were exposed and the circumstances of the exposure):
