

CCS Administrative Procedure

2.30.05-AA Bloodborne Pathogens

Implementing Board Policy [2.30.05](#)

Contact: Environmental Health & Safety, 533-8686

1.0 Bloodborne Pathogens and Exposure Control Plan

Community Colleges of Spokane (CCS) is committed to the health and safety of its employees, and in maintaining a safe and efficient workplace that complies with all local, state and federal safety and health regulations, programmatic standards, and with any special safety concerns identified at the unit level. An important part of maintaining a safe work environment is the right for all employees to be notified of potential hazards in the workplace, as well as their obligation to notify CCS supervisory personnel of any health hazards or unsafe conditions.

2.0 Definitions

- 2.1 Blood: Human blood, human blood components and products made from human blood.
- 2.2 Bloodborne pathogen: Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples include the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV).
- 2.3 Clinical laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials (OPIM).
- 2.4 Contaminated: The presence or the reasonably anticipated presence of blood or OPIM materials.
- 2.5 Contaminated laundry: Laundry that has been soiled with blood or other OPIM or may contain sharps.
- 2.6 Contaminated sharps: Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- 2.7 Covered employees: An employee whose job duties may result in occupational exposure to blood or OPIM. This includes work study students.
- 2.8 Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- 2.9 Exposure incident: A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.
- 2.10 Handwashing facilities: A facility providing an adequate supply of running potable water, soap and single-use towels or air drying machines.
- 2.11 Licensed health care professional: A person whose legally permitted scope of practice allows him or her to independently perform the activities required by this procedure.
- 2.12 Occupational exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

- 2.13 Other potentially infectious materials (OPIM): Includes all of the following:
 - 2.13.1 Human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
 - 2.13.2 Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
 - 2.13.3 HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV; and
 - 2.13.4 Blood and tissues of experimental animals infected with bloodborne pathogens.
- 2.14 Personal Protective Equipment (PPE): an item or items used to protect the eyes, face, head, body, arms, hands, legs, and feet, such as goggles, helmets, head covers, gloves, rubber slickers, disposable overalls, safety footwear, protective shields, and barriers.
- 2.15 Regulated waste: Regulated waste is any of the following:
 - 2.15.1 Liquid or semiliquid blood or OPIM;
 - 2.15.2 Contaminated items that could release blood or OPIM in a liquid or semiliquid state, if compressed;
 - 2.15.3 Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
 - 2.15.4 Contaminated sharps; and
 - 2.15.5 Pathological and microbiological wastes containing blood or OPIM.
- 2.16 Source person: A person, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee.
- 2.17 Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 2.18 Universal precautions: Practice of assuming all blood, body fluids, and OPIM are infected with bloodborne pathogens.

3.0 Responsibilities

- 3.1 Covered employees are responsible for complying with all aspects of the CCS Environmental Health and Safety Program, including the Bloodborne Pathogen Exposure Control Plan, and in the safe performance of their assigned duties and for compliance with all applicable safety rules and regulations.
- 3.2 Departments with Covered Employees must ensure that:
 - 3.2.1 Covered employees and their supervisors comply with the contents of this procedure;
 - 3.2.2 Covered employees are trained according to section 5.0 of this procedure;
 - 3.2.3 Covered employees are offered a Hepatitis B virus vaccination at the time of hire or when their job duties change such that they become a covered employee; and
 - 3.2.4 A copy of this procedure is accessible to all covered employees.

- 3.3 Environmental Health and Safety (EH&S) Office must ensure that:
 - 3.3.1 This procedure is reviewed at least annually, and whenever necessary, to ensure that they reflect best practices for reducing or eliminating exposure to bloodborne pathogens; and
 - 3.3.2 Appropriate training and consultation are available for departments with covered employees.
- 3.4 Facilities Department must ensure that:
 - 3.4.1 Appropriate sharps receptacles are:
 - 3.4.1.1 Accessible in every building;
 - 3.4.1.2 Maintained in good repair; and
 - 3.4.1.3 Emptied regularly.
- 3.5 Human Resources Office (HRO) will:
 - 3.5.1 Maintain employee occupational exposure medical records;
 - 3.5.2 Maintain employee medical consent and waiver records; and
 - 3.5.3 Ensure appropriate information is communicated to medical professionals treating injured employees.

4.0 Exposure Control Plan

- 4.1 Covered Employees Determination
 - 4.1.1 Departments are responsible for:
 - 4.1.1.1 Reviewing employee job descriptions and duties annually to determine if employees are at risk of occupational exposure;
 - 4.1.1.2 Ensuring that covered employee job descriptions note which duties may result in occupational exposure; and
 - 4.1.1.3 Maintaining a list of all their covered employees.
 - 4.1.2 The Environmental Health and Safety Office will provide consultation, at the request of the department, to help identify which employees are covered by this procedure.
- 4.2 Infection Control System
 - 4.2.1 Universal Precautions
 - 4.2.1.1 Employees must assume all blood and OPIMs contain a bloodborne disease, whether or not the source person has been identified as having a bloodborne disease.
 - 4.2.2 Engineering Controls

Engineering controls help to eliminate or minimize employee exposure to bloodborne pathogens. At CCS, the following engineering controls will be utilized:

 - 4.2.2.1 Use of sharps container for disposable sharps. They are accessible in every building.
 - 4.2.2.2 Use of containers and appropriate disposal bags for potentially infectious waste.
 - 4.2.2.3 Hand-washing facilities that are accessible to the employees exposed to blood and OPIM.

- 4.2.3 Use of Personal Protective Equipment (PPE)
 - 4.2.3.1 CCS provides PPE to employees as needed to perform their job duties (see CCS Procedure [2.30.05-W Personal Protective Equipment Provision, Use and Care](#)).
 - 4.2.3.2 All employees using PPE must:
 - 4.2.3.2.1 Wear appropriate face and eye protection when splashes, sprays, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 - 4.2.3.2.2 Wear appropriate gloves when they:
 - Can reasonably anticipate hand contact with blood or OPIM.
 - Handle or touch contaminated items or surfaces.
 - 4.2.3.2.3 Replace gloves if torn, punctured, contaminated, or otherwise damaged.
 - 4.2.3.2.4 Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration.
 - 4.2.3.2.5 Never wash or decontaminate disposable gloves for reuse.
 - 4.2.3.2.6 Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - 4.2.3.2.7 Remove PPE after it becomes contaminated, and before leaving the work area.
 - 4.2.3.2.8 Dispose of contaminated PPE in designated containers.
 - 4.2.3.2.9 Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
- 4.2.4 Sharps
 - 4.2.4.1 Contaminated needles and other contaminated sharps will not be recapped or removed from their sources (e.g., syringes). Contaminated reusable sharps must be placed in appropriate containers until properly reprocessed. These containers must be puncture resistant, properly labeled, and leakproof.
 - 4.2.4.2 Broken glassware which may be contaminated must not be picked up by hand. Use a brush and dustpan, tongs or forceps.
 - 4.2.4.3 Contaminated sharps must not be stored or processed in a manner that requires employees to reach into a container by hand to retrieve the sharps.
 - 4.2.4.4 Contaminated sharps must be discarded into containers that are closable, puncture resistant, leak-proof, and properly labeled or color-coded.
 - 4.2.4.5 Sharps containers must be easily accessible, remain upright, replaced regularly, and never allowed to be overfilled.
 - 4.2.4.6 Sharps containers must be securely closed when being moved.

4.2.5 Sharps & Medical Waste

4.2.5.1 Generally, medical waste refers to healthcare waste that may be contaminated by blood, body fluids or OPIM. It includes but may not be limited to:

- Paper Towels
- Wipes
- Gloves
- Syringes without Needles
- Syringes with needles or sharp objects
- Bandages or dressings with small amounts of dry blood or fluid

4.2.5.2 Objects or instruments that are contaminated with blood, bodily fluids, or other infectious agents, which could penetrate the skin. They include the following:

- Hypodermic needles
- Scalpel blades
- Lancets
- Syringes with needles attached
- IV tubing with needles attached
- Segregation and Storage

4.2.5.3 Prior to disposal, medical and sharps wastes must be stored in containers specifically designed for containment of this type of waste. The containers are normally red and have the biohazard symbol (shown here) on the container.



4.2.5.4 Employees need to put each type of medical/sharps waste in its proper disposal container as described below.

4.2.5.4.1 Place medical waste such as dressings, bandages, toweling, etc. into an infectious waste bag with the biohazard symbol on it prior to disposal.

4.2.5.4.2 Place sharps into a sharps container. A sharps container is typically constructed of hard plastic with the biohazard symbol.

4.2.5.5 After filling and sealing the disposal containers, they should be moved into a medical waste bin for disposal. The EH&S office can provide the medical waste bin in the sizes of 31 and 43 gallons to the departments who need to dispose their medical/sharps waste.

4.2.5.6 When the sharps/medical waste are ready for pick-up, submit [Work Order](#) for their disposal.

4.2.6 Labeling

4.2.6.1 Warning labels will be affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store, transport or ship blood or OPIM.

4.2.6.2 Labels will include the following legend:



4.2.7 Housekeeping

4.2.7.1 All departments will ensure that worksites are maintained in a clean and sanitary condition. All equipment, environmental and work surfaces will be cleaned and decontaminated after contact with blood or OPIM.

4.2.8 Other Safety Precautions

4.2.8.1 Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure.

4.2.8.2 Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on cabinet tops or bench tops where blood or OPIM is present.

4.3 Post-Exposure Evaluation and Follow-up

Employees who believe they may have been exposed to bloodborne pathogens while on duty must follow these steps:

4.3.1 Wash the affected area with plenty of soap and water.

4.3.2 Report the incident to your supervisor as soon as possible.

4.3.3 Complete and sign the [Medical Consent for Blood Collection and Testing](#) form. Employees should take a copy of this form to the medical clinic. Employees are strongly advised, but not required, to have a post-exposure medical evaluation. Employees must complete the [Medical Consent for Blood Collection and Testing](#) form either way (to accept or decline).

4.3.4 Proceed to L&I Medical Provider (all local hospital emergency rooms and urgent care facilities are part of the L&I Provider Network) for blood collection and testing and other medical evaluations as recommended by the medical provider.

4.3.5 Provide a copy of the signed [Medical Consent for Blood Collection and Testing](#) form to the medical provider. Please notify them if you consent to baseline blood collection at this time but decline HIV testing (so they store the sample for 90 days).

4.3.6 Document the exposure on an [Accident Report](#) and the [Bloodborne Pathogens Exposure Incident Report](#) form.

- 4.3.7 Email the completed forms to accidentreport@ccs.spokane.edu within 24 hours of the exposure incident. This includes the Accident Report form, Bloodborne Pathogens Exposure incident form, and Medical Consent for Blood Collection and Testing form.

5.0 Training

- 5.1 Training must be provided to all covered employees at the time of hire (before assignment to job duties that may result in exposure to blood or OPIM) and annually thereafter.
- 5.2 Training must be provided at no cost to employees and during working hours.
- 5.3 Training must include all elements listed in [WAC 296-823-12005\(5\)](#).
- 5.4 Supervisors may use an electronic training presentation (video, PPT) as long as someone who can answer questions is available (phone, email, or in person) during the training.
- 5.5 Departments with covered employees must ensure all training is recorded (date, time, and length).
- 5.6 All covered employees must complete the [Hepatitis B Immunization Consent/Waiver](#) as part of their initial training.

6.0 Hepatitis B (HBV) Vaccinations

- 6.1 Departments with covered employees must make an HBV vaccination series available to all covered employees who have not already been vaccinated. Vaccinations must be offered at the time of hire or before an employee is assigned job duties with exposure to OPIM.
- 6.2 Use the [Hepatitis B Immunization Consent/Waiver](#) form. Send a copy of the completed form to the HR office at MS1004.

7.0 Record Keeping

- 7.1 The personnel file of each employee identified as at-risk for occupational exposure contains documentation regarding hepatitis B immunization status, including all vaccination dates.
- 7.2 Each employee identified as at-risk for occupational exposure must sign a consent-refusal form regarding the Hepatitis B vaccine. The form will be maintained in the employee's personnel file as a record of Hepatitis B immunization status. Immunization records are not considered confidential.
- 7.3 Confidential medical records documenting all employees' exposure incidents and medical follow-up will be maintained by CCS for the duration of employment plus 30 years.

- 8.0** CCS will ensure that employee medical records documenting medical follow-up to exposure incidents remain confidential and are disclosed or reported only with the employee's written consent to any person within or outside the work place except as required by regulation or law.

9.0 Resources

- 9.1 [WAC 296-823, Occupational Exposure to Bloodborne Pathogens](#)
- 9.2 [L&I Bloodborne Pathogens \(BBPs, Needlesticks\)](#)

- 9.3 [L&I Bloodborne Pathogens Training Kit](#)
- 9.4 [Bloodborne Pathogens and Needlestick Prevention, OSHA](#)
- 9.5 [Preventing Needlestick Injuries in Health Care Settings, CDC NIOSH](#)

Originated: January 2019

Cabinet approval: March 2020