



EDMONDS COMMUNITY COLLEGE
FACILITIES

Bloodborne Pathogens

EXPOSURE CONTROL PLAN

[State of Washington WAC 296-823](#)

Update: 6/25/18

BLOODBORNE PATHOGEN - EXPOSURE CONTROL PLAN

INTRODUCTION

The Edmonds Community College is committed to providing a safe and healthful work environment for our staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with WAC 296- 823 and WAC 296-800-11045. This WISHA standard is based on the federal rule, adopted by the Occupational Safety and Health Administration (OSHA) in 1991 (29 CFR Part 1910.1030). This Exposure Control Plan (ECP) is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting our employees.

This ECP includes:

- Determination of employee exposure
- Universal precautions
- Personal protective equipment
- Cleaning procedures
- Hepatitis B vaccination
- Training plan
- Record keeping
- Exposure incident procedure
- Procedures for evaluating circumstances surrounding an exposure incident and
- The implementation procedures

EXPOSURE DETERMINATION (WAC 296-823-11005)

The following job classifications have been determined to carry a "reasonable anticipation" of exposure to blood "resulting from the performance of duties".

**Custodial classifications - all
Maintenance Custodian
Grounds & Nursery Specialists**

**Campus Security Sergeants
Campus Security Officers
Emergency Preparedness Manager**

HEPATITIS B (HBV) VACCINATIONS AVAILABLE TO EMPLOYEES (WAC 296-823-130)

Employees in the determined classifications will be offered Hepatitis B vaccinations by the department at no cost to the employee. The employee may choose to waive protection from Hepatitis B by signing the waiver form after attending an educational offering about bloodborne pathogens. Either a signed waiver or documentation of Hepatitis protection will be kept in Human Resources confidential file for each employee in these classifications throughout active employment and for 30 years thereafter. Waiver form example included in "sample forms" section of this document. Employees can change their decision by contacting their supervisor at any time.

Departments will make sure that the hepatitis B vaccination series is available to all employees who have occupational exposure and that it is:

- a. Available at no cost to the employee;
- b. Available to the employee at a reasonable time and location;
- c. Administered by or under the supervision of a licensed physician or by another licensed health care professional;
- d. Provided according to recommendations of the United States Public Health Service that are current at the time these evaluations and procedures take place;
- e. Available to any employee who initially declines the vaccination but later decides to accept it while they are still covered by this chapter;
- f. Made available after the employee has received training required by this chapter and within ten working days of initial assignment.

All determined employees shall be offered information about bloodborne pathogens and training on procedures to prevent exposure as part of their orientation to the department and on a yearly basis. Any employee who has an exposure on the job will be provided a post-exposure evaluation and follow-up.

TASKS WITH POTENTIAL FOR EXPOSURE:

- Medical emergency clean-up calls, inside or outside buildings.
- Restroom cleaning
- Security responses for First Aid

EXPOSURE PREVENTION PLAN

1. Universal Precautions will be practiced whereas *All* blood and body fluids will be considered to be potentially infectious. The term body fluids includes blood, semen, drainage from scrapes, or cuts, feces, urine, vomit, respiratory secretions such as nasal discharge or mucus, and saliva.
2. Employees will use gloves and avoid contact whenever there is the potential of contact with blood or body fluids and substances.
3. Employees shall avoid putting hands into any trash receptacle to avoid potential to encounter sharp objects and injury.
 - Sharps such as razor blades, shall be disposed of appropriately in designated red “Sharps” container in the Security & Custodial offices.
4. Employees will wash their hands after removing their gloves. Gloves do not provide complete protection against infection.
5. Employees will also wash their hands:
 - Before and after eating
 - After cleaning up spills of blood or body fluids
6. Soap, warm running water, and disposable towels or hand dryer are to be used to wash hands. Proper hand washing requires the use of soap and vigorous washing under a stream of warm water for approximately ten seconds. Soap helps to eliminate easily removable soil and microorganisms, allowing them to be rinsed away under running water.
7. Cleaning and disposal of soiled items:
 - If a surface is soiled with blood, the procedure is:
 - Put on gloves before cleaning the surface. Ensure you do not transport materials or equipment through areas and potentially spreading contamination to other surfaces.
 - Blot up the spill as much as possible with paper towels and dispose of appropriately in red plastic bags (or double bagged in other trash liners and placed biohazard container in Custodial shop or Security.
 - Disinfect area immediately and thoroughly, insuring disinfectant solution remains on the surface for designated dwell time per product manufacturer recommendation. Ensure area and adjacent surfaces are clean and disinfected.
 - Dispose of contaminated disposable items (gloves, paper towels, tissues, gauze pads, etc) which should be placed in a double bag, or red biohazard bag and then placed in a secure biohazard container located in the Custodial Shop or Security Office.



- Recycle Department should be notified to empty biohazard container when needed.
Recycle Department: 425-640-1934
8. Non-disposable items (towels & mops used to wipe blood or body fluids) need to be disinfected for time specified on disinfectant and rinsed out, then rinsed again and placed in a red or labeled double bag for laundering. Wear gloves at all times when pre-soaking or rinsing to remove the stains, & while double bagging the items. The following laundering requirements must be met:
- Appropriate PPE and handwashing is required.
 - Handle contaminated laundry as little as possible
 - Launder all items in hot water, with product recommended amount of bleach.
9. Broken glassware, contaminated needles or other sharp objects which may be contaminated will be:
- Picked up using mechanical means, such as a brush and dustpan, or tongs
 - disposed of in a designated sharps container
 - PPE must be worn, and hands washed after performing this process.
10. Disinfection:
- An EPA registered disinfectant must be used to clean surfaces contaminated with blood and body fluids. The approved product list can be found here:
https://www.epa.gov/sites/production/files/2018-01/documents/2018.04.01.list_d.pdf.

An SDS sheet must be available for the staff to read as requested. Please note that bleach does not have an Environmental Protection agency number.

11. Storage:
- All chemicals will always be kept out of the reach of children, in properly labeled containers, and in a secured location.

Disinfecting and Cleaning Procedures

1. **Disinfection of hard surfaces and equipment:**
 - a) Gather materials needed and appropriate PPE.
 - b) Remove soil, or soak up excess material with paper towels, and dispose of in red biohazard bag
 - c) Mix disinfectant solution according to manufacturer's instructions.
 - d) Apply disinfectant solution to entire and surrounding area.
 - e) Allow disinfectant solution to remain on the area for the full dwell time required on disinfectant labeling.
 - f) Mop up disinfection, rinsing mop frequently to insure all disinfectant pick up.
 - g) Re-apply disinfectant and re-mop area with clean mop head.
 - h) Disinfect equipment: Mops should be soaked in the disinfectant after use, and rinsed thoroughly in a hot water cycle before re-washing. Disposable cleaning materials must be placed in double plastic bags and disposed of in red biohazard receptacles in the Security Office or in the Custodial Shop (MLT 109). Disinfectant solution should be disposed of in slop sink and slop sink area/water hose disinfected after use. Remove and disinfect reusable PPE or dispose of with other contaminated materials.



2. **Disinfection of rugs and upholstery:**

- a) Gather materials needed and appropriate PPE.
- b) Remove or soak up excess materials and dispose of in red biohazard bag. If necessary, mechanically remove with a dustpan.
- c) Mix disinfectant solution according to manufacturer's instructions.
- d) Apply disinfectant solution liberally to the entire area, including surrounding area.
- e) Allow disinfectant to remain on area for full dwell time required on disinfectant labeling.
- f) Remove disinfectant from carpeting with carpet extractor.
- g) Re-apply disinfectant and rinse thoroughly from carpet with hot water.
- h) Disinfect dustpan and broom and rinse.
- i) Re-extract carpet with sanitizing carpet product as soon as feasible. Be sure to rinse all chemical residue from carpet to prevent resoiling.
- j) Disinfect equipment inside and out: Water & disinfectant solution must be disposed of in custodial slop sink. All other equipment used (dustpans, or buckets) must also be promptly cleaned with disinfectant solution and rinsed. Slop sink area and water hose must be disinfected thoroughly after use. Remove disposable gloves and discard in appropriate receptacles. Remove and disinfect reusable PPE or dispose of with other contaminated materials.

EXPOSURE CONTROL PLAN TABLE

<i>If this happens:</i>	<i>Use this form:</i>	<i>Send form to:</i>
1. Someone else's blood touches your eyes, nose, mouth, or a place where you have broken skin	Exposure Incident Form & Injury/Occupational Illness Report	You must notify supervisor or manager and fill out forms within 24 hours
2. Staff member is injured while at work	Injury/Occupational Illness Report	Human Resources within 24 hours. Copies to Risk Management and Safety, Security and Emergency Preparedness



Definition of Terms:

Blood. Human blood, human blood components and products made from human blood. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

Bloodborne Pathogen: Disease causing organisms carried in blood and bloody body fluids

“Body Fluids”: Fluids from the body, including blood, urine, stool, saliva and tears. (Urine, stool, saliva, tears are problems only if blood is present.)

Universal Precautions: A method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious with a bloodborne pathogen. Universal precautions **DO NOT** apply to feces, nasal secretions, sputum, sweat, urine or vomits unless they contain visible blood.

Blood contact: An event that occurs when the employee has provided assistance where blood or other blood containing body fluid is present.

Source individual: The person from whom the blood or bloody fluid originated.

Human Immunodeficiency Virus (HIV): the name of a bloodborne virus.

Acquired Immune Deficiency Syndrome (AIDS) : A syndrome caused by HIV.

Hepatitis B: a viral bloodborne disease.

Hepatitis C: a viral bloodborne disease.

Exposure (reportable): When blood from one person comes in contact with a body opening of another person, such as the eyes, nose, mouth, or an open cut or abrasion.

Post Exposure : Time period after someone has contact with blood/body fluids.

Personal Protective Equipment: Items people use to protect themselves against contact with germs. For example: gloves to protect the hands from contact with blood/body fluids.

Other potentially infectious materials (OPIM). Includes all of the following:

(a) Human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(b) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(c) 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.

(d) Blood and tissues of experimental animals infected with bloodborne pathogens.

Previous updates:

Updated May 21, 2003

SAMPLE FORMS

For use:

Upon request, and with each training provided :

- Hepatitis B vaccination declination form
- Bloodborne Pathogens Training requirements record
- Attendance Sheet - training

In the event of an exposure incident:

- Blood exposure referral and report form
- Exposure Incident Form

***** Program requirements follow forms.**



Hepatitis B Vaccine Declination

As required by WAC 296-823 Occupational Exposure to Bloodborne Pathogens and 29 CFR 1910.1030:

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

Printed name

Job Title

Signature

Date

Witness

Date

*** Notification of document retention:

Location: Human Resources medical file

Duration: during active employment and 30 years thereafter



BLOOD EXPOSURE REFERRAL AND REPORT FORM

Dear Healthcare Provider,

Date _____

On _____, our employee, _____ was exposed to blood, or body substances containing blood.

The following occurred (the employer provides this information):

- Employee was bitten and the bite broke the skin.
- Employee got blood or body substance containing blood into an open wound or cut.
- Employee got blood or body substance containing blood into his/her eye, mouth or nose.
- Employee got blood or body substance containing blood through abraded or chapped skin.
- Employee suffered a puncture wound or needlestick.
- Other (please describe circumstances) _____

As allowed by law and to the best of our ability , we are providing the name of the person who was the source of the employee's exposure. The source person _____ has consented to be tested and provided the name and phone number of his/her health care provider:

Healthcare provider: _____

Phone number: _____

The source individual has declined to be named and/or tested as allowed by law.

This information is provided to assist you in making an accurate assessment of our employee's needs. We are concerned about this employee's health and wish to have this employee evaluated to determine the need for laboratory testing, Hepatitis B vaccination or immune globulin vaccine administration. We intend to comply with WISHA/OSHA standards in that we, the employer, OR our state industrial insurance, will pay for any laboratory testing or vaccination needed, resulting from this exposure incident. If you need a copy of the WISHA/OSHA regulations, we will provide you a copy. Please complete the following information. It is essential for us to have this form for our files to comply with the regulations. Please fill out this form and return it to Human Resources at Edmonds Community College, 20000 68th Ave W, WA. 98036.

Please check all that apply:	Hepatitis B Vaccine	Immune globulin Vaccine	Hep B Vaccine	Hep B lab test	HIV lab test
Does the employee need?					
Did you provide the					



vaccine					
or the lab test?					

Please Check all that apply:

Did you share the results of your evaluation with the employee ? _____Yes _____No

Did the employee need further evaluation or treatment? _____Yes _____No

If employee needed further evaluation/treatment, did you discuss this with the employee? _____Yes _____No

___ PLEASE REVIEW AND ACKNOWLEDGE WAC 296-823-160 REQUIREMENTS FOR THIS PROCESS, WHICH ARE LOCATED HERE:

<http://apps.leg.wa.gov/wac/default.aspx?cite=296-823-160>

Health Care Provider's name

Telephone number

Health Care Provider signature

Date

Complete mailing address

City

State/Zip



EXPOSURE INCIDENT FORM

Employee's Name: _____ ID # _____

Please describe the employee's job duties AND circumstances for exposure: _____

Who was the source of the blood? _____

If the source was a child, did you request that the parent/guardian have the child tested for Hepatitis B or Human Immunodeficiency virus? ____ Yes ____ No

Did the parent /guardian agree to have child tested? ____ Yes ____ No

Please note: If the parent/guardian consented to have the child tested, remember the results are confidential and can be shared with the exposed employee or volunteer only.

The following copies are attached to this form as part of the record:

- Employee's Hepatitis B vaccination records
- Health Provider's written opinion (if permission given by employee)



BLOODBORNE PATHOGENS - TRAINING RECORDS

(WAC 296-823-12005, WAC 296-823-12015)

The following training session was conducted on _____
AND the following topics were included:

Check the topics covered on the above date. *** A training record will need to be filled out for every training session until all of the following topics are covered.

- _____ An accessible copy of this chapter and an explanation of the contents;
- _____ A general explanation of the epidemiology and symptoms of bloodborne diseases;
- _____ An explanation of how bloodborne pathogens are transmitted;
- _____ An explanation of your exposure control plan and how the employee can obtain a copy of the written plan;
- _____ An explanation of how to recognize tasks and other activities that could involve exposure to blood and other potentially infectious materials (OPIM);
- _____ An explanation of the use and limitations of methods that will prevent or reduce exposure including: Equipment, work practices and personal protective equipment

Information about personal protective equipment (PPE) including:

- _____ The types;
- _____ Proper use and limitations;
- _____ Selection;
- _____ Location;
- _____ Putting it on and taking it off;
- _____ Handling;
- _____ Decontamination;
- _____ Disposal.

Information about the hepatitis B vaccine, including:

- _____ Information about its effectiveness;
- _____ Safety;
- _____ Method of administration;
- _____ The benefits of being vaccinated;
- _____ Offered at no cost to the employee for the vaccine and vaccination.

Information about what actions to take and persons to contact when exposure to blood or OPIM occurs outside of the normal scope of work;

An explanation of the procedure to follow if an exposure incident occurs, including:

- _____ The method of reporting the incident;
- _____ The medical evaluation and follow-up that will be available.
- _____ Information about the post-exposure evaluation and follow-up procedure following an exposure incident;
- _____ An explanation of the signs and labeling or color-coding required by this chapter;
- _____ An opportunity for interactive questions and answers with the trainer at the time of the training session.

This record shall be maintained for three (3) years from training date (WAC 296-823-130). Copies are to be available, on request, to the Department of Labor and Industries,

Signature

Date

Title

Qualifications



Attendance Form “BLOODBORNE PATHOGENS EXPOSURE CONTROL TRAINING”

Date:

Time:

Location:

Presented by:

<i>ATTENDEE (Please print)</i>	Job Classification:	<i>SIGNATURE</i>
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		
19)		
20)		
21)		
22)		
23)		

This record shall be maintained for three (3) years from training date (WAC 296-823-130). Copies are to be available, on request, to the Department of Labor and Industries, employee, and employee representative.

EXPOSURE CONTROL PLAN REQUIREMENTS

A. INTRODUCTION

The Edmonds Community College is committed to providing a safe and healthful work environment for our staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with WAC 296- 823 and WAC 296-800-11045. This WISHA standard is based on the federal rule, adopted by the Occupational Safety and Health Administration (OSHA) in 1991 (29 CFR Part 1910.1030). This Exposure Control Plan (ECP) is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting our employees.

This ECP includes:

- Determination of employee exposure
- Universal precautions
- Personal protective equipment
- Cleaning procedures
- Hepatitis B vaccination
- Training plan
- Record keeping
- Exposure incident procedure
- Procedures for evaluating circumstances surrounding an exposure incident and
- The implementation procedures.

B. EMPLOYER RESPONSIBILITIES (WAC 296-823)

The College has the following responsibilities and a plan in place to protect employees from exposure to bloodborne pathogens and illness. Supervisors, Managers, and Department Heads have responsibility to:

1. Perform exposure determination(s) to identify their employees who have occupational exposure to blood or other potentially infectious materials.
2. Develop and implement a written exposure control plan
3. Train staff with potential for exposure as part of their orientation and annually thereafter on how to protect themselves against bloodborne diseases, and maintain training records.
4. Provide Hepatitis B vaccinations at no cost to employees whose positions have been deemed to have occupational exposure to blood or other potentially infectious materials.
5. Control employee exposure through:
 1. Appropriate equipment and devices to eliminate or minimize employee exposure such as: sharps containers, splash guards, etc.
 2. Work practices designed to eliminate or minimize employee exposure such as: tongs to pick up sharps, disinfection prior to clean up, etc.
 3. Provide, and ensure availability and use of personal protective equipment:
 - a. Ensure availability and use of disposable single use non-latex gloves for first aid and in situations when blood or body fluids are present.
 - b. Ensure: that gloves are available for employees whose job it is to clean bathrooms, or after medical emergencies for the college. That proper use and disposal procedures for gloves is in place and used after each use. Replace the gloves before



they begin to show signs of wear to prevent contamination.

- c. Mouth barriers for situations when CPR is needed.
6. Ensure: that hand washing facilities are always in working order with sufficient running warm water, adequate amounts of soap, and single use towels, paper towels, or air dryers.
7. Maintain all training records for three years.
 - Keep all records of blood contact and exposure for thirty years after the employee terminates employment. Records are to be available to Labor and Industry (L & I) for review upon request and are kept in Human Resources confidential files.
8. Keep a copy of the program exposure policies and regulations and make available at all times for review by employees.
9. Review exposure policies annually to be sure that the information is current.

C. TRAINING (WAC 296-823-120)

TRAINING SCHEDULE and RESPONSIBILITY:

- 1. Training is provided by supervisor for all employees where exposure may be possible.**
2. Orientation to all new employees in possible exposure groups on bloodborne pathogens, prior to assignment of tasks where exposure may be possible.
3. Mandatory annual training is provided with records maintained for three years.
4. Additional training is provided when adding or change tasks or procedures that affect the employees' occupational exposure.

TRAINING INCLUDES:

1. Detailed explanation of bloodborne pathogens and how they are spread.
2. Review of the exposure control plan.
3. Explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
4. Description of methods to prevent or reduce exposure to potentially infectious materials, including appropriate work practices and personal protective equipment.
5. Information on the Hepatitis B vaccine:
 - a) Availability to exposure group employees at no cost to the employee
 - b) Ability to protect
 - c) Safety
 - d) Benefits
 - e) Method of administration
6. Appropriate actions to take and persons to contact when an exposure evaluation and follow-up are needed.
7. Procedures to follow when an exposure incident occurs, and the method of reporting, as well as medical follow-up availability.
8. Information on post-exposure evaluation and follow-up is provided after an exposure incident.
9. Accessibility of the Washington Administrative Code ([WAC 296-823](#)) which is the regulation on bloodborne pathogens and explanation of its content to the employee.
10. Opportunity for forwarding questions to a health professional.

**** Training checklist is provided in “sample forms” section at the end of this document.

THE COLLEGE MAINTAINS THE FOLLOWING TRAINING RECORDS FOR THREE YEARS:

1. Dates of training sessions
2. Training outline
3. Summary of the training materials used
4. Names and qualifications of the trainers
5. List of employees with their job classifications and volunteers who attended the training sessions

D. HEPATITIS B VACCINATION AVAILABLE TO EMPLOYEES (WAC 296-823-130)

Hepatitis B vaccinations will be provided by the departments at no cost to the employees in the jobs designated to have occupational exposure to blood or other potentially infectious materials.

EXEMPTION:

1. Departments are not required to provide the hepatitis B vaccination series to employees who meet any of the following:
 - a. The employee has previously received the complete hepatitis B vaccination series;
 - b. An antibody test has revealed that the employee is immune to hepatitis B;
 - c. There are medical reasons not to give the vaccine.
2. You are not required to provide the hepatitis B vaccination series to employees assigned to provide first aid only as a secondary duty, when you do all of the following:
 - a. Make hepatitis B vaccination available to all unvaccinated first-aid providers who render assistance in any situation involving the presence of blood or OPIM. Vaccination must be made available as soon as possible, but no later than twenty-four hours after the incident;
 - b. Provide a reporting procedure that ensures all first-aid incidents that involve the presence of blood or OPIM are reported before the end of the work shift;
 - c. Document first-aid incidents that involve blood or OPIM, include at least:
 - i. The names of all first-aid providers who rendered assistance;
 - ii. The time and date of the first-aid incident;
 - iii. A description of the first-aid incident.

Reference:

You can find more information about the United States Public Health Service recommendations for hepatitis B vaccination at:

<http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm>.

All records related to Hepatitis B vaccination or declination will be kept in HR confidential files.

E. CONTROL EMPLOYEE EXPOSURE (WAC 296-823-140)

WAC 296-823-14005 - Where feasible, equipment, safer medical devices, and work practices will be used to eliminate or minimize employee exposure.

1. Examples of appropriate equipment include sharps containers, splash guards, centrifuge cups
2. Examples of safer medical devices include needleless systems
3. Examples of work practices include no-hands procedures for handling potentially contaminated sharps.

WAC 296-823-14025 - All sharps containers and items that have come in contact with blood or potentially infectious materials shall be placed in red labeled container or be properly marked with universal biohazard symbol in universally recognized format and mostly orange or red.



You must attach labels to any containers used to store transport or ship blood or potentially infectious materials including: refrigerators, freezers, sharps containers, contaminated equipment, laundry bags and containers, specimen containers, regulated waste containers, etc.

EXEMPTIONS:

1. Individual containers placed in an appropriately labeled secondary container
2. Regulated waste that has been decontaminated

WAC [296-823-14030](#) - Make sure employees have readily accessible and use handwashing facilities. If not feasible provide and insure use of antiseptic towelette or hand rub product with paper towel or clean cloth.

WAC [296-823-14035](#) - Prohibit food, drink, and other personal activities in the work area

WAC [296-823-14050](#) - All equipment must be disinfected after use.

WAC [296-823-14055](#) - Make sure your worksite is maintained in a clean and sanitary condition

Disinfectants

1. An appropriate disinfectant is one that is effective against tuberculosis or HBV and HIV such as:
 - a. Diluted bleach solution (1:10 or 1:100).
 - i. Use the 1:10 bleach solution for spills and the 1:100 bleach solution for routine cleaning. You can make your own bleach solution. Using household bleach (5.25% sodium hypochlorite) follow these directions:
 1. For a 1:100 solution add 2 teaspoons (10 ml) to a container, then add water to make a quart (946 ml).
 2. For a 1:10 solution, add 1/3 cup (79 ml) and 1 tablespoon (15 ml) in a container, then add water to make a quart (946 ml).
 - b. EPA registered:
 - i. EPA registered tuberculocidals (List B).
 - ii. Sterilants (List A).
 - iii. Products registered against HIV/HBV (List D).
2. Any of the above products are considered effective when used according to the manufacturer's instructions. Higher level disinfection may be required depending on the agent or level of decontamination.

WAC [296-823-14060](#)- Handle regulated waste properly and safely

Contaminated sharps must be discarded in sharps container meeting the following requirements immediately, or as soon as possible. Containers must meet all of the following:

- (a) Closable;



- (b) Puncture resistant;
- (c) Leakproof on sides and bottom;
- (d) Appropriately labeled or color-coded;
- (e) Easily accessible to personnel;
- (f) Located as close as feasible to the immediate area where sharps are used or areas sharps can be reasonably anticipated to be found (for example, laundries);
- (g) Maintained upright throughout use;
- (h) Replaced routinely and not allowed to overfill.

WAC [296-823-14065](#) -

1. PPE is required when handling laundry contaminated with blood or other potentially infectious material (OPIM), and handle as little as possible and with a minimum of agitation.
2. You must bag contaminated laundry or put it into a container at the location where it was used.
 - a. Do not sort or rinse at the location of use.
 - b. Place and transport contaminated laundry in bags or containers that are properly labeled or color-coded.
3. If your facility ships contaminated laundry off-site to a second facility that doesn't use an infection control or isolation system when handling all of their soiled laundry, your facility must place the laundry in red bags or containers that are appropriately labeled.

F. PERSONAL PROTECTIVE EQUIPMENT (WAC 296-823-150)

1. Departments will provide and make sure personal protective equipment is used when there is occupational exposure
 - a. Provide at no cost to employees, appropriate personal protective equipment such as:
 - i. Gloves
 - ii. Gowns
 - iii. Face shields or combination of masks and eye protection
 - iv. Mouthpieces
 - v. Resuscitation bags or devices
 - vi. Pocket masks
 - b. Make sure employees use appropriate PPE when there is occupational exposure possibility.
 - i. Make sure gloves are worn
 - ii. Make sure appropriate masks, eye protection and face shields are worn
 - iii. Wear appropriate protective clothing
 - iv. Make resuscitator devices available
 - v. Maintain protective equipment

G. PROCEDURE FOR BLOOD CONTACT

The Hepatitis B vaccination series is offered to employees who may have contact with potentially infectious body fluids. The vaccination shall be offered no later than 24 hours after the employee has had contact with blood or body fluids containing blood. Edmonds Community College will document any exposure and the follow-up.

H. EXPOSURE INCIDENT PROCEDURE (WAC 296-823-160)

1. If an exposure incident occurs, the employee will report this immediately to their Supervisor or Manager. The employee will complete an Exposure Incident Form within 24 hours. (SEE FORM SECTION)
2. Any employee involved in an exposure incident will be referred for a confidential medical evaluation and follow up available with his/her physician (or appropriate medical facility). The following will be included:
 - a) A written description of the route of exposure and the circumstances under which the exposure incident occurred.
 - b) Name of the person from whom the blood or body fluid containing blood originated, unless identifying the person is not feasible or is prohibited by law.
 - c) Collection and testing of blood to detect the presence of HBV and HIV.
 - d) All laboratory tests must be conducted by laboratory licensed by the state or Clinical Laboratory Improvements Act (CLIA)
 - e) Post-exposure preventive treatment, when medically indicated, as recommended by the United States Public Health Service
 - f) Counseling
 - g) Evaluation of reported illnesses
3. When the staff person is referred to a health care provider for an evaluation, Edmonds Community College will provide the health care provider with:
 - a) Copy of WAC 296-823-16025.
 - b) Blood-exposure referral and report form.
 - c) Record of the employee's hepatitis B vaccination status (if the employer has a copy).
4. The source individual will be *requested* to have his or her blood tested as soon as possible and the test results disclosed to the exposed employee. The source individual is not required by law to have the tests or to disclose test results. The exposed employee will be reminded that the test results are not to be disclosed to anyone, except to the health care provider providing the employee's medical evaluation. *When the source individual is known to be infected with hepatitis B virus or human immunodeficiency virus (HIV), blood testing for these viruses need not be requested.*
5. As soon as possible, the exposed employee will be requested to have his or her blood tested. The employee may refuse to have blood testing done or decide to have blood drawn and preserved for 90 days. This allows the employee time to make a decision concerning the specific laboratory tests. The employee is not required to reveal the test results to the college.
6. As the employer, Edmonds Community College will provide the employee with a medical evaluation Hepatitis B vaccination *series*, and laboratory testing at no expense to that employee. State industrial insurance may cover these expenses as the result of an exposure

incident. The employee who has had the Hepatitis B vaccine series MAY not need additional vaccinations.

7. The health care provider will communicate directly with the employee regarding the exposure evaluation. The employee is under no obligation to disclose this information to College and the College may not require the information.
8. If the health care provider recommends that the employee receive the Hepatitis B vaccination series, a record will be kept to document the recommendation and the vaccination series. The college will cover the expense of providing the Hepatitis B series if it is recommended and received by the employee.

I. EXPOSURE INCIDENT RECORDS (WAC 296-826-170 and WAC 296-802)

For the employee with an occupational exposure to bloodborne pathogens, the following information will be kept in a confidential file for the duration of employment plus thirty years.

1. Name and Social Security number of the employee;
2. A copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations;
3. Any medical records related to the employee's ability to receive vaccinations;
4. The HBV declination statement;
5. A copy of all results of examinations, medical testing, and follow-up procedures related to post-exposure evaluations;
6. A copy of the health care professional's written opinion;
7. A copy of the information provided to the health care professional as required.
8. Exposure incident form