MANCHESTER COMMUNITY COLLEGE

Exposure Control Plan

for

Bloodborne Pathogens

January 2018

Exposure Control Plan for Bloodborne Pathogens

I. PURPOSE:

The purpose of this plan is:

A. To prevent or reduce the risk of transmission of Bloodborne pathogens such as hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

B. To comply with Occupational Safety and Health Administration (OSHA) Bloodborne pathogens standard 29 CFR 1910.1030.

C. To establish duties and responsibilities for MCC personnel with regard to: exposure incidents, record keeping, training, vaccinations, and testing.

D. To establish guidelines for exposure controls and to ensure those exposure controls are utilized when an employee comes into contact with blood or other potentially infectious material.

E. To establish protective equipment procedures and work practice exposure controls.

F. To set standards that comply with state and federal standards for the preparation and disposal of regulated infectious waste.

II. POLICY:

A. It is the policy of the Manchester Community College to comply with Occupational Safety and Health Administration (OSHA) standards and mandatory guidelines under 29 CFR 1910.1030 to protect the health and safety of its personnel in the workplace.

B. The Manchester Community College shall provide the necessary education, training, devices, and equipment to their employees in order to safeguard themselves and fellow employees from exposure to Bloodborne pathogens.

C. The Manchester Community College will offer, at no cost to their employees, the Hepatitis B Virus vaccine as required by OSHA.

D. All personal protective equipment for protection against Bloodborne pathogens shall be considered issued equipment.

E. All employees shall consider all bodily fluids as being potentially infectious. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.

III. DEFINITIONS:

A. Bloodborne Pathogens – pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), and Human Immunodeficiency Virus (HIV).

B. Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

C. Contaminated Sharps – any contaminated object that can penetrate the skin, including but not limited to needles, knives, razors, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

D. 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.

E. Engineering Controls – controls (e.g. sharps disposal containers) that isolate or remove the Bloodborne pathogens hazard from the workplace.

F. Exposure Incident - A specific eye, mouth, or other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

G. Hand-washing Facilities - A facility providing an adequate supply of running potable water, soap and single-use towels or hot air drying machines.

H. Infection Control Officer – designated individual responsible for the overall implementation and maintenance of the Exposure Control Plan. For the purpose of this plan, the MCC Coordinator of Environmental Health and Safety is designated as the Infection Control Officer. Duties shall include the following:

   1) Ensure the Exposure Control Plan policy is updated annually.

   2) Ensure the College is complying with the Exposure Control Plan as required by OSHA.

   3) Ensure the College has an adequate supply of personal protective equipment.

   4) Monitor exposure incidents and recommend new safer work practices when necessary.

I. Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

J. Other Potentially Infectious Materials – The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differential between body fluids. Any unfixed tissue or organ (other than intact skin) from a human, living or dead.

K. Parenteral – piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts and abrasions.

L. Personal Protective Equipment - specialized clothing or equipment worn by an employee for protection against a hazard.

M. Regulated waste - liquids or semi-solid blood or other potentially infectious material; or contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed; or items that are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

N. Ryan White Officer – The Ryan White Officer is the individual designated to implement the Federal Guidelines set forth under the Ryan White Comprehensive AIDS Emergency Act of 1990. The Ryan White Officer acts as liaison between the exposed employee and the attending health care facility. The Ryan White Officer ensures that the employee's exposure incident is handled according to federal regulations.

   1) For the purpose of this plan, the MCC Coordinator of Environmental Health and Safety is designated as the Ryan White Officer.

O. Source individual – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

P. Universal Precautions – an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, Hepatitis B Virus and other Bloodborne pathogens.

Q. Work Practice Controls – methods or procedures that reduce the likelihood of exposure by altering the manner in which a task is performed, i.e.: prohibiting recapping of needles by means of a two-handed technique.

IV. GENERAL PROGRAM RESPONSIBILITIES:

A. The Coordinator of Environmental Health and Safety is responsible to:

1) Maintain overall responsibility for implementing the Exposure Control Plan.
2) Conduct periodic facility audits to maintain an up-to-date Exposure Control Plan.
3) Work with Directors, Division Chairs, and Supervisors to develop and administer any additional policies and practices related to Bloodborne pathogens.
4) Review the Exposure Control Plan, including the Sharps Injury Log, annually and coordinate revisions of the Exposure Control Plan, as necessary, with appropriate assistance.
5) Provide initial training with respect to the requirements of the Exposure Control Plan for all employees potentially subject to exposure. This training is to be conducted at the time of assignment to tasks where occupational exposure may take place.
6) Provide annual Bloodborne Pathogens training for all employees whose job position places them at risk of potential exposure.
7) Maintain documentation of employee acceptance or declination of Hepatitis B vaccine.
8) Maintain documentation of Exposure Control Plan training for a period of three years.
9) Ensure that employees exposed to Bloodborne pathogens receive appropriate treatment as indicated in this Plan.

B. The Director of Human Resources or designee is responsible to:

1) Maintain confidential Medical Records for the duration of employment plus 30 years.
2) Access to confidential Medical Records is restricted to Human Resources employees who need to know and to individual employees under Access to Employee Exposure and Medical Records, as required by the Code of Federal Regulations (29CFR) 1910.1020.

C. Directors and Supervisors are responsible to:

1) Comply with established policies and procedures regarding exposure control in their respective areas.
2) Ensure that all employees receive training with respect to the requirements of the Exposure Control Plan at the time of their assignments to tasks where occupational exposure may take place.
3) Each year, send a list of all employees who need to be trained to the Coordinator of Environmental Health and Safety.
4) Ensure that the proper Personal Protective Equipment is provided to all employees who may have an occupational exposure to Bloodborne pathogens

D. Employees

Individual employees are critical to successful implementation of MCC's Exposure Control Plan. All employees who have the potential for exposure must:

1) Know which job tasks have the potential for occupational exposure to blood, body fluids or tissues.
2) Receive initial and attend annual training classes.
3) Routinely and consistently follow safe work practices, as detailed in the Exposure Control Plan to prevent exposure.
4) Plan and conduct all work tasks in accordance with MCC's Exposure Control Plan
5) Maintain all personal protective issued by MCC in good condition, in an accessible location.
6) Practice good personal hygiene habits without exception.
7) Immediately report all exposure incidents and sharps injuries to their supervisor to assure documentation and treatment.
8) Promptly discuss any concerns regarding implementation or operation of the Exposure Control Plan with their supervisor.

E. Availability of MCC's Exposure Control Plan to Employees

MCC's Exposure Control Plan is made available to all employees. A copy of the written plan is available in the Office of the Coordinator of Environmental Health and Safety and a digital version is available on the MCC Internet website.

F. Annual Review of Exposure Control Plan

1) The Exposure Control Plan will be reviewed annually and updates to the plan shall reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

2) The consideration and implementation of engineering and work practice controls will be documented.

V. Exposure Determination:

A. All job categories will be included in this Exposure Control Plan where it is reasonable to anticipate that an employee may have mucous membrane or parenteral (under the skin) contact with blood or certain other body fluids which are listed by CDC and OSHA as HIV/Hepatitis B transmissions sources or other potentially infectious materials. Exposure determination is made without regard to the use of personal protective equipment.

B. Exceptions - This Plan does not refer to students or volunteers at MCC who are not expected to respond to situations involving potential exposure. All employees and faculty, with the exception of those listed below, have no expectation of occupational exposure to blood or other potentially infectious body fluids.

C. OSHA requires an exposure determination for employees who have occupational exposure. This exposure determination is required to list all job classifications in which all employees have occupational exposure, regardless of frequency. The following job classifications are in this category:

Title	Department	Task/Procedure
Police Officers	MCC Police Department	Rendering first aid
Buildings and Grounds Patrol Officers	MCC Police Department	Rendering first aid

Custodians	Facilities	Cleaning blood spills Handling regulated waste

D. OSHA requires a list of job classifications in which some employees have occupational exposure and a list of the tasks and procedures in which occupational exposure occurs for those employees.

Title	Department	Task/Procedure
Faculty and Staff	Sciences Allied Health Careers Hospitality (Culinary Arts) Visual Fine Arts	Rendering first aid
Instructors	Continuing Education's • "Connecticut Rider Education Program for Motorcycles" • Precision Machining Institute	Rendering first aid

VI. Methods of Exposure Control:

A. Universal Precautions:

1) All human blood and certain human body fluids will be treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens. Under circumstances in which differentiation between body fluids types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

2) Universal precautions are intended to prevent exposure to human blood or other body fluids. The routes of transmission for occupational exposure are:

   a. puncture of the skin with a contaminated sharp object
   b. contact with broken skin
   c. splash to mucous membranes of the eye, nose or mouth

B. Universal Precautions may include the following practices:

1) Wear gloves, masks and protective eyewear
2) Wash hands and other skin surfaces
3) Use care with sharp objects
4) Disinfect all contaminated surfaces
5) Use proper disposal containers (red bags or labeled BIO HAZARD)
6) Use protective resuscitation masks for CPR
7) Do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses where exposure may occur.

C. Engineering Controls

Mechanical devices that isolate or remove the hazard from the worker will be used whenever possible. These devices include, but are not limited to:

1) Proper disposal containers (Impervious needle/sharps containers, red bags or Bio- Hazard labels)
2) Eyewash station
3) Splash guards
4) Washing facilities, antiseptic towelettes, or disinfectant cleaners that are easily accessible to areas where there is potential exposure
5) Infection Control Kits

D. Equipment Storage (See Appendix 1 for storage locations.)

1) Frequently used items of personal protective equipment, such as gloves and face protection, are stored in each work area.
2) Protective equipment for spill cleanup is stored in each department identified as having potential exposure situations.
3) Employees are responsible to report any concerns or need for additional items of personal protective equipment to their supervisor or to the Coordinator of Environmental Health and Safety.

E. Work Practice Controls

1) All employees shall perform their tasks in a manner that reduces the risk of exposure.
2) Specific work practices are listed below:
   a. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
   b. Do not keep food and drink in refrigerators, freezers, shelves, cabinets or counter tops where blood or other potentially contaminated materials are present.
   c. Wash hands thoroughly using soap and running water after removing gloves, and as soon as possible after contact with body fluids.
   d. Flush mucous membranes with water as soon as possible after contact with blood or other infectious material. (See Appendix 3 for location of emergency showers and eye wash stations.)
   e. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
   f. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps
   g. Remove personal protective equipment immediately upon completion of the tasks and place in an appropriately designated container which prevents leakage, for decontamination or disposal. (See Appendix 1 for locations of disposal containers)
   h. Perform all procedures in such a manner as to minimize splashing and/or spraying of potentially infectious or contaminated liquids.
   i. Wear all personal protective equipment as instructed by a supervisor prior to initiation of any activity that may result in potential exposure.

F. **Personal Protective Equipment**

1) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.
2) Personal protective equipment is provided by MCC and, when used correctly by employees, will provide protection from exposure to potentially infectious or contaminated materials by creating an impervious barrier. Personal protective equipment includes, but is not limited to:
   a. Disposable latex and non-latex gloves
   b. Disposable Gowns
   c. Face shields and face masks
   d. Eye protection

e. Disposable Foot covers
f. Pocket cardiopulmonary resuscitation (CPR) masks with one-way valve.

3) The procedures for cleaning and maintenance of any re-usable personal protective equipment will be provided to the employee in writing by the supervisor.

4) Employees must wear personal protective equipment when performing procedures in which potential exposure to the skin, eyes, mouth, nose or broken areas of the skin may reasonably be anticipated.

5) Employees will be informed about the use of appropriate personal protective equipment for their job tasks and other functions they may be expected to perform. The supervisor will provide additional training when an employee assumes a new position, or when new job functions are added to his/her current position. To determine the need for additional training, the supervisor will compare the employee's previous job tasks to those for any new function to which the employee may be assigned.

6) To ensure that personal protective equipment is used effectively, employees must adhere to these practices:
   a. Inspect the PPE, as it is put on, to ensure that it will provide adequate protection.
   b. Notify the supervisor immediately if equipment needs repair or replacement.
   c. Remove any garment or equipment contaminated by blood or potentially infectious materials immediately, or as soon as feasible. Place contaminated garment in a Red plastic or Biohazard bag and take it to the designated location for cleaning or disposal. (See Appendix 1 for location of designated Disposal Stations.)
   d. Discard disposable equipment in a Red plastic or Biohazard marked bag and place it in the designated container located at a designated Disposal Station. (See Appendix 1 for location of designated Disposal Stations.)
   e. Clean re-usable equipment without exposing the hands to contact with sharps, in a manner recommended by the manufacturer.
      - For safety glasses or goggles, Wash in mild soap and water, rinse in clear water. If using soap and water, air dry or pat with clean, soft tissue. Do not use ammonia, alkaline cleaners, abrasive cleaning compounds or solvents
   f. Remove all PPE prior to leaving the work area and arrange for it to be disposed of or cleaned.
   g. Wear gloves when:
      - There is a possibility of hand contact with blood or other potentially infectious material;
      - Handling or touching contaminated items or surfaces.
   h. Replace disposable gloves as soon as practical after contamination, or if they are torn, punctured or otherwise lose their ability to function as an exposure barrier.
   i. Decontaminate reusable utility gloves for re-use unless they are cracked, torn or exhibit other signs of deterioration, in which case dispose of them properly.
   j. Use masks, eye protection or face shields whenever splashes, spray or droplets of blood or other potentially infectious material may be generated.
   k. Wear protective clothing whenever potential exposure to blood or other potentially infectious material is anticipated.

l. Clean up spills of blood or other potentially infectious materials with an approved surface Disinfectant/Decontaminant Cleaner or a freshly-prepared (within 24 hours) solution of household bleach mixed with water in a 1:10 solution (1/4 cup bleach in 1 gallon water), and appropriate PPE. (*Note: MCC Facilities uses HBV Disinfectant 256, a ready-to-use, intermediate-level, surface disinfectant which is effective against TB, HBV, HCV, viruses (hydrophilic and lipophilic), bacteria (including MRSA and VRE) and fungi. It is FDA listed and EPA registered. The Biology Department uses bleach or Bacdown, a detergent disinfectant which is a bactericidal, virucidal, and fungicidal and is effective against HIV-1, HBV, and others.*)

G. Management of Sharp Objects

1) Use needleless systems whenever they are available.
2) Shearing or breaking of needles is prohibited.
3) Contaminated needles and other contaminated sharp objects shall not be bent, re-capped or removed unless it can be demonstrated that there is no feasible alternative. In that circumstance, re-capping or needle removal is accomplished only through the use of a mechanical device or a one-handed technique.
4) Sharp object containers are closable; puncture-resistant; labeled with a Biohazard label or color-coded in red; leak proof on the sides and bottom; and maintained upright as long as they are in use. "Sharps containers" are located in each work area where they are easily accessible to personnel and are as close as is feasible to the immediate area where sharps are used. (See Appendix 1 for location of Sharps Containers.)
5) Contaminated disposable sharp objects and contaminated broken glass shall be discarded as soon as possible. Such items shall be placed in disposable sharp object containers, sealed, labeled, and disposed of by a disposal contractor in accordance with Federal, State and local regulations.
6) Reusable contaminated sharp objects shall be placed in a reusable sharps container for decontamination by cleansing, autoclaving and/or be otherwise properly processed as soon as feasible.

H. Sharps Injury Log (see Appendix 2 for Sharps Injury Log form)

1) All percutaneous injuries from contaminated sharps are to be recorded in the Sharps Injury Log. This log is maintained by, and is kept in the office of, the Coordinator of Environmental Health and Safety.
2) All incidence reports must include, at a minimum,:
   a. The date of injury
   b. The type and brand of the device involved
   c. The department or work area where the incident occurred
   d. An explanation of how the incident occurred
3) The Sharps Injury Log is reviewed at least annually as part of the annual evaluation of the Exposure Control Plan and is maintained for at least five years following the end of the calendar year that they cover.
   a. If a copy of the log is requested by anyone, it must have any personal identifiers removed from the report.

VII. Labels, Signs and Waste Disposal:

A. A device or bag that contains a potential biological hazard will be marked with one of the following:
   1) Warning labels stating "Biohazard"

2) Biohazard Symbol 

3) Red Bag or Red Impervious Sharps Container

B. Warning labels will be firmly attached to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and any other containers used to store, transport or ship blood or other potentially infectious material.

C. Labels shall include the Biohazard legend and shall be fluorescent orange or orange –red or predominantly so, with lettering and symbols in a contrasting color.

VIII. Housekeeping

A. MCC shall ensure that the worksite is maintained in a clean and sanitary condition.

B. All equipment and environmental and working surfaces shall be cleaned and decontaminated immediately, or as soon as feasible, after contact with blood or other potentially infectious materials.

C. An appropriate disinfectant (e.g. HBV Disinfectant 256 or Bacdown) or a freshly-prepared (24 hours) solution of household bleach mixed with water in a 1:10 solution shall be used according to the manufacturer's instructions.

IX. Regulated Waste Disposal

A. Regulated waste is disposed of in the following manner:

1) Collect all regulated waste in a closing, leak-proof, Red Bag.

2) Dispose of all regulated waste in a designated Biohazard Waste Container, in accordance with applicable Federal, State and local regulations.

3) If the bag is contaminated with blood or other potentially infectious or contaminated materials, double-bag it prior to handling, storing and/or transporting the bag.

4) Place disposable syringes, needles, blades, broken glass and other sharp items in the puncture-resistant sharps container for disposal. Employees WILL NOT pick up sharp objects directly with the hands. (See Appendix 1 for location of Sharps Containers.)

5) Reusable containers will not be opened, emptied or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury. Employees WILL NOT reach by hand into a container of reusable contaminated sharp objects.

X. Hepatitis B Vaccination: Personnel with jobs that may reasonably be anticipated to involve directly contacting blood or other potentially contaminated material will be offered the Hepatitis B vaccination series at a reasonable time and place and at no charge within 10 working days of placement.

A. Employees are strongly urged to follow the vaccination series through to completion as recommended by the vaccine manufacturer.

B. If an eligible employee chooses not to receive the Hepatitis B vaccination, the employee must sign a Hepatitis B Declination Statement. Declination statements will be maintained by the Coordinator of Environmental Health and Safety with copies provided to the Office of Human Resources.

C. Vaccination will be given according to standard medical practice under the supervision of a licensed physician or another licensed healthcare professional. If a routine booster dose of Hepatitis B vaccine is recommended at a future date, the booster dose will be made available at no cost to eligible employees by MCC. (The provider for Hepatitis B Vaccinations for MCC is CorpCare Occupational Health.)

D. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

XI. Post-Exposure Incident Procedure:

A. Exposure Incident

1) Should an exposure incident occur, the exposed employee is to contact the MCC Police Department immediately, or as soon as possible after the exposure incident, and report the exposure incident.

2) An officer will complete an MCC Police Department report and a DAS First Report of Injury (WC 207) report form with the exposed employee.

   a. The route of exposure, the status of the source, and the circumstances of the exposure will be documented in the First Report of Injury exposure incident report. An attempt will be made to contact the source patient to collect and test their blood for the presence of Hepatitis B and HIV.

   b. Records will be maintained as indicated in Section XI-C and Section XII of this Exposure Control Plan.

3) The exposed employee must also advise his/her immediate supervisor of the exposure incident as soon as possible after the exposure.

4) In the event of an exposure incident, employees have the opportunity to receive at no cost, at a reasonable time and place, a confidential medical evaluation performed by or under the direct supervision of a licensed physician. All associated testing will be performed by an accredited laboratory.

   a. An "Authorization to Treat" form, signed by a member of the Office of Human Resources designated to authorize such treatment, will be given to the employee by the MCCPD officer at the time of the report of an exposure incident.

   b. A Connecticut DAS First Report of Injury (WC 207) form will be completed by the MCCPD officer and a copy provided to the employee upon request by the employee.

   c. The health care professional who evaluates an employee after an exposure incident will be provided the following information:

      i. A copy of the OSHA standard (from the Coordinator of Environmental Health and Safety)

      ii. A description of the exposed employee's duties as they relate to the exposure incident (from the Coordinator of Environmental Health and Safety)

      iii. Documentation of the route(s) of exposure and circumstances under which the exposure occurred (from the MCCPD report)

      iv. Results of the source individual's blood tests, if available.

      v. Relevant employee medical records, including vaccination status (from the Human Resources Department)

   d. MCC has contracted with CorpCare Occupational Health to provide the confidential medical evaluation, testing, and post-exposure measures, according to standard medical practice, for an employee with an exposure incident.

B. Post-Exposure Evaluation and Follow-up

1) The Coordinator of Environmental Health and Safety will review the circumstances of all exposure incidents to determine:

a. Engineering controls in use at the time
b. Work practices followed
c. Protective equipment or clothing that was used at the time of the exposure incident (e.g. gloves, eye shields)
d. Location of the incident
e. Procedure being performed when the incident occurred
f. Employee's training

2) If it is determined that revisions need to be made, the Coordinator of Environmental Health and Safety will ensure that appropriate changes are made to this Exposure Control Plan. (Changes may include an evaluation of safer devices or work practices, adding employees to the exposure determination list, etc.)

C. Medical Recordkeeping

1) CorpCare Occupational Health will send the Director of Human Resources a statement that:
   a. The employee has been informed in writing of the results of the evaluation.
   b. The employee has been informed in writing of any medical conditions subsequent to exposure to blood or other potentially infectious materials that require further evaluation or treatment.

   Note: *All other health findings shall remain confidential and shall not be included in the health care facility's written report to the employer*.

2) The Office of Human Resources is responsible for keeping medical records pertaining to the Exposure Control Plan. Each confidential exposure record will include:
   a. The employee's name and Social Security Number
   b. A copy of the employee's Hepatitis B vaccination status, including dates and any records relative to the employee's ability to receive vaccination
   c. Copies of the results of examinations, medical testing and follow-up procedures that took place as a result of the employee's occupational exposure to potentially infectious materials as provided by the treating medical facility
   d. The employer's copy of the Physician's Written Opinion, a copy of which will be given to the exposed employee within 15 days of completion.
   e. A copy of the information provided to the health care provider.
   f. The employee's medical records must be kept for at least the duration of employment plus 30 years.

XII. Record Keeping:

A. Exposure Records

All records are kept confidentially as part of the employee's medical records and no information will be disclosed or reported without the employee's written consent, except as may be required by law.

B. Training Records

Training records will be maintained by the Coordinator of Environmental Health and Safety for three (3) years from the date of training. These training records will include the date of training, contents or summary of training topics, names and qualifications of persons conducting the training, and the names and job titles of all employees attending the training.

XIII. Employee Education:

A. Responsibility

A well-informed employee is a central factor in MCC's Exposure Control Plan activities, by which employee exposure will be eliminated or substantially minimized. Transmission of information to employees has been accomplished by means of initial training of all MCC employees whose job tasks may expose them to situations in which the potential for exposure may exist.

Education will be repeated annually, and upon employment for new employees. Additional on-the job training will be provided as changes in tasks or procedures may affect employees' potential for exposure.

B. Presentation

1) Educational seminars and techniques that are tailored to the educational level and language of employees will include an opportunity to ask questions and have them answered by a knowledgeable trainer designated by the MCC Coordinator of Environmental Health and Safety.
2) The MCC Coordinator of Environmental Health and Safety is responsible for the scheduling and documenting the BBP training.

C. Topics

The topics covered in the training seminars will include, but not be limited to:

1) Explanation of the contents of the Bloodborne Pathogens Standard as found in the Code of Federal Regulations, 1910-1030 and the location of an accessible copy of the regulatory test of the standard
2) Explanation of MCC's Exposure Control Plan and the means by which an employee can obtain a copy of the written plan.
3) The epidemiology, modes of transmission and symptoms of diseases transmitted via the human blood
4) Procedures and job tasks that may expose employees to blood or other potentially infectious materials
5) Engineering and work practice controls used at MCC
6) Limitations and basis for selection of personal protective equipment, including the types available, proper use, location within the facility, removal, handling, decontamination and disposal
7) Visual warnings of biohazards, including labels, signs and color-coded Red containers
8) Information on the Hepatitis B program, including the benefits and safety of vaccination, a test of protective titer, and that the vaccine will be offered free of charge
9) Information on procedures to use in an emergency that may involve an exposure incident
10) Explanation of post-exposure evaluation and follow-up procedures
11) How to inspect equipment for contamination
12) How to decontaminate equipment

D. Education Methods

MCC will utilize appropriate adult education training methods that achieve these objectives:

1) Encourage trainee involvement with the topic;
2) Utilize appropriate audiovisual aids;
3) Build upon the participants' current knowledge base of the subject;

4) Allow opportunity for interactive questions and answers with the person conducting the training session;
5) Offer handouts or other methods to obtain further information.

E. Training Recordkeeping

1) The MCC Coordinator of Environmental Health and Safety will document the training process and maintain training records that contain the following information:
    a) Dates of the training sessions;
    b) Contents or a summary of the training;
    c) Name and qualifications of the trainer;
    d) Name and job titles of participants.
2) Training records will be kept for three (3) years from the date the training occurred.
3) All employees whose jobs have a potential for exposure will participate in a training and education program at the beginning of employment. Training will be updated annually thereafter.

Appendix 1

Location of BBP Clean-Up Stations and Biohazard Waste Pails

Custodial Closets	Bloodborne Pathogen Clean-up Stations	Biohazard Waste Pails
B101	L148	L148
B201	B101	L154d
B214a	D209	D209
B224	GP145	GP145
C117		GP109 (Nurses' Office)
C136		
C205		
D123		
D204		
D209		
D216		
GP145		
GP208		
L004		
L106		
L148		
L214		
L248		
L270		

Appendix 2

Manchester Community College

Year: _____

Date	Case/Report No.	Type of Device (e.g. syringe, suture needle, broken glass)	Brand Name of Device	Work Area where injury occurred (e.g. Bio Lab B124)	Brief Description of how the incident occurred (i.e. procedure being done, action being performed [disposal, injection, etc.] body part injured).

29 CFR 1910.1030 OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in the facility and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition the the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preservices the confidentiality of the affected employee.

Emergency Showers and Eyewash Stations Locations

		Shower & Eyewash Station	Eyewash Station
B124	Biology Lab	1	
B126	Biology Lab Prep Room	1	
B127	Biology Lab	1	
B128	Biology Lab	1	
C110	Chemistry Lab	1	
C113	Chemistry Lab	1	
C118	Chemistry Lab Prep Room	1	
D110	Printmaking	1	2
D112	Photo Lab		2
GP109	GPA Exam Room (Nurses')	1	
GP147	Sprinkler Room	1	
GP216	Biology Lab	1	
GP220	Chemistry Lab	1	
GP221	Physics Lab	1	
GP223	Mechanical Room	1	
L154g	Mechanical Room	1	