



ROSE STATE COLLEGE

Blood Borne Pathogens Exposure Control Plan

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I. INTRODUCTION:

This document describes the Bloodborne Pathogen Exposure Control Plan (Plan) for all Rose State College (RSC) employees. This Plan has been developed to protect employees from health hazards associated with Bloodborne pathogens and other potentially infectious materials in the workplace as required by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030) adopted by the Oklahoma Department of Labor.

This Plan is made readily available to RSC employees and upon request to the Oklahoma Department of Labor for examination and copying.

This Plan is to be reviewed and evaluated by the RSC Environmental Health and Safety Committee at least annually. The review and evaluation of the Plan shall reflect changes in technology that eliminate or reduce exposure to Bloodborne pathogens; and document annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

II. RESPONSIBILITY:

Departmental supervisors, directors and deans shall be responsible for ensuring their employees comply with the provisions of this Plan. Departmental supervisors, directors and deans shall be responsible for notifying the Department of Emergency Planning and Risk Management when an employee is hired in a position that has been identified as one that may have occupational exposure to blood or other potentially infectious materials. The information shall be provided to the Department of Emergency Planning and Risk Management on the first date of hire and shall include the employee's name, job title, department assignment, and date of hire. Respective areas shall be responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, and other supplies as needed. The Hepatitis B vaccinations shall be coordinated through the Department of Emergency Planning and Risk Management which shall be responsible for annual training. Campus Police Department shall be responsible for disposing of bio-hazardous waste contained in biohazard bags.

III. EXPOSURE DETERMINATION:

This Plan applies to all RSC employees, including faculty, staff, and paid students with occupational exposure to human blood or other potentially infectious materials. Occupational exposure means 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. Other potentially infectious material means the following:

1. Human Body Fluids:
 - Semen;
 - Vaginal secretions;
 - Pericardial fluid;
 - Cerebrospinal fluid;

- Synovial fluid;
 - Pleural 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.
2. Other:
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
 - HIV-containing cell or tissue cultures;
 - Organ cultures;
 - HIV- or HBV-containing culture medium or other solutions;
 - Blood, organs, or other tissues from experimental animals infected with HIV or HBV or other Bloodborne pathogens infectious to humans.

The following is a list of job classifications at RSC in which some or all employees have occupational exposure:

1. First Responders/RSC Campus Police Department personnel;
2. Faculty, staff and paid students working or teaching at clinical sites, laboratories and/or classrooms where human blood or other body fluids and other potentially infectious materials may be present and/or dissection occurs;
3. Facilities Management Personnel;
4. Recreation and Fitness Personnel;
5. Child Development and Lab School Personnel.

Supervisors at the Dean/Director level or above are responsible for determining which positions within their respective area of supervision will be included in the job classification and may be asked to provide a reasonable justification for the decision. Supervisors at the Dean/Director level or above are further responsible for including within any job description that has been classified as being one of the at-risk classifications the following language reflecting the risk of occupational exposure in the employee's job description: "An employee in this position is at risk for occupational exposure to human blood and other potentially infectious material as a result of the performance of the employee's duties." Each individual in a position of potential risk shall adhere to the policies and procedures set forth in this Plan and obtain education through training sessions as required. All at-risk employees are further required to attend safety and infection-control updates and special education sessions at least annually.

IV. METHODS OF COMPLIANCE:

OSHA requires the use of “Universal Precautions” to prevent contact with human blood or other potentially infectious material. According to the concept of universal precautions all human blood and certain body fluids should be treated as infectious for HBV, HIV, and other Bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids should be considered potentially infectious materials. In order to protect themselves employees shall comply with the following universal precautions at all times:

1. Handle all human blood and body fluids as if it were infectious.
2. Wash hands thoroughly with soap and warm running water after each personal contact even when gloves are used.
3. Wear disposable gloves for all potential contacts with blood and body fluids.
4. Except for reusable gloves, discard gloves and wash hands immediately after each use.
5. Treat all linens and uniforms soiled with blood or body fluids as infectious.
6. Change disposable gloves after each contact with potentially infectious material, as glove integrity cannot be assured with washing and repeated use.
7. Wear waterproof dressing and gloves if a victim has cuts, abrasions, or other skin lesions.
8. Clean up and disinfect spills or contamination immediately using the established procedure described under Housekeeping and Spill Clean Up.
9. The Recreation and Fitness area will have its own required method of cleaning and disinfecting contaminated areas, spills, and releases.
10. Follow exposure reporting and follow-up procedures as established later in this Plan.
11. Discard disposable items including tampons, used bandages, and dressings in non-reusable approved biohazard containers.
12. Close biohazard containers and discard contents by the appropriate disposal procedure set forth under Housekeeping and Spill Clean Up.
13. Use disposable or utility gloves for general cleaning. Utility gloves may be reused without decontamination if they are to be used by the same person and still have adequate integrity. If they are to be used by different persons, they must be decontaminated after each use and still maintain the protective integrity.
14. Use disposable gloves for housekeeping chores involving potential contact with body fluids.
15. Use Micro Shield or Pocket Facemask or other approved protection when performing CPR. Only trained personnel should attempt CPR.

Rose State College recommends the use of the Body Substance Isolation (BSI) infection control approach. This method defines all body fluids and substances as potentially infectious. BSI includes not only the fluids and materials covered by the use of Universal Precautions, but expands coverage to include all body fluids and substances.

V. Engineering and Work Practice Controls

Engineering and work practice controls are established to eliminate or minimize exposure for at-risk employees. When exposure remains after the engineering controls and work practice controls are instituted, personal protective equipment is to be utilized. All practices, equipment, and supplies will be examined, maintained, and updated as needed by the respective department or area.

1. Hand and eye washing:
 - Hand cleaner, clean paper towels, or waterless antiseptic towelettes are provided when sinks are not available for hand washing. As soon as possible after use, hands are to be washed with soap and water.
 - Hands are to be washed as soon as possible after removing gloves or other personal protective equipment.
 - Employees should wash hands and other skin with soap and water or flush for at least 15 minutes mucous membranes with water immediately, or as soon as possible following contact with blood or other potentially infectious materials.
2. Contaminated needles and other contaminated sharps are not to be bent, recapped by hand, or removed except under special approval procedures. The shearing or breaking of needles is also prohibited.
3. Contaminated sharps are to be immediately placed in appropriate containers, or as soon as possible after use. To meet OSHA standards, the sharps containers must:
 - Be puncture resistant;
 - Be labeled or color-coded;
 - Be leak proof on sides and bottom;
 - Be proper for reusable sharps; and
 - Not be filled over 2/3 full.
4. Workplace habits
 - Eating, drinking, smoking, rinsing mouth, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas when there is a reasonable likelihood of exposure.
 - Food and drink to be consumed by persons will not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where exposure may occur.
5. Procedures involving blood and/or specimen handling
 - Procedures involving blood or other potentially infectious materials are to be performed to minimize splashing, spraying, spattering, and generation of droplets.

- No mouth pipetting/suctioning of blood or other potentially infectious materials are permitted. Mechanical devices are utilized where needed.
 - Each time specimens of blood or other potentially hazardous materials are handled the material will be placed in containers, which prevent leakage during collection, handling, processing, storage, transport, or shipping.
 - The containers will be labeled with the biohazard label, be red colored, or both. The containers will be closed prior to being stored, transported, or shipped. Shipped containers (outside the facility) are to be labeled or color-coded.
 - If outside contamination of primary containers occurs or specimens can puncture the primary container, the container is to be placed in a second container, which prevents leakage during handling, processing, storage, transport or shipping, and is labeled or color-coded as required.
 - Any equipment, which may become contaminated with blood or other potentially infectious materials, will be examined prior to servicing or shipping and will be decontaminated as necessary unless decontamination is not possible.
 - Readily observable labels are to be securely attached to equipment stating the portions of the equipment which is contaminated. Information concerning the equipment contamination is to be conveyed to all affected employees, servicing personnel, and/or the equipment manufacturers prior to their potential exposure so they can take appropriate precautions.
6. It shall be the responsibility of RSC Advisory Committee for Accessibility and Safety to:
- At least annually research the environment and markets for changes in technology that reduce and/or eliminate exposures;
 - Ensure new appropriate innovations are to be implemented as soon as they are identified and available;
 - Add new guidelines/regulations as needed;
 - Constantly seek input from non-exempt employees;

VI. PERSONAL PROTECTIVE EQUIPMENT:

1. Policies Concerning Personal Protective Equipment (PPE)
 - At-risk employees shall wear or use appropriate personal protective equipment such as gloves, gowns, laboratory coats, face shields/masks, eye protection, mouthpieces, resuscitation bags, and pocket masks or other ventilation devices. These are provided at no cost to at-risk employees.
 - Appropriate personal protective equipment, which does not permit blood or other potentially infectious materials to pass through to or reach the at-risk employee's work clothes, undergarments, street clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use and during use, will be worn in potentially at-risk work situations.
 - Personal protective equipment use is routinely enforced unless the trained and knowledgeable at-risk employee temporarily and briefly declines to use it under his/her own professional/personal judgment, or where there is a specific, rare, and extraordinary circumstance, where its use would prevent delivery of health care, public safety services, or pose an increased hazard to the safety of the employee, student or others.

- When an at-risk employee chooses not to use the required personal protective equipment, the circumstances are to be investigated and documented. If possible, changes will be made to prevent such occurrences in the future.
 - Appropriate personal protective equipment is to be readily accessible in the proper sizes at the worksite or issued to at-risk employees. Hypoallergenic gloves, or similar alternatives, will be provided to at-risk employees with allergies to the gloves.
 - Supervisors of at-risk employees will be responsible for identifying the need and making all PPE available.
2. Care of PPE:
- Repaired or replaced at no cost to at-risk employee as needed to maintain its effectiveness.
 - Removed immediately if penetrated by blood or other potentially infectious materials.
 - Removed prior to leaving work areas.
 - Placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. At-risk employees will incur no cost.
 - Surgical caps, hoods, shoe covers, or boots are available to be worn in instances when gross contamination can reasonably be anticipated.
3. Gloves:
- Appropriate gloves are to be worn when performing vascular access procedures, except under special, specified, and approved procedures. Appropriate gloves are also to be worn when handling or touching contaminated items or surfaces.
 - If they are torn, punctured or otherwise compromised, disposable (single use) gloves, such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible.
 - Disposable (single use) gloves will not be washed or decontaminated for reuse.
 - Utility gloves are to be decontaminated through disinfection and sterilization for reuse if their integrity has not been compromised. Defective or deteriorated gloves are to be appropriately discarded.
4. Other PPE:
- Masks in combination with eye protection devices such as goggles, glasses with shields, or chin-length face shields, are to be worn whenever eye, nose, or mouth contamination with blood or other potentially infectious materials can be reasonably anticipated. The PPE protects against splashes, spray, spatter, or droplets.
 - Appropriate protective clothing, including but not limited to, gown, aprons, lab coats, lab coats, will be worn to prevent exposure. The type of clothing worn depends on the exposure anticipated.
 - Surgical caps, hoods, shoe covers, or boots are available to be worn in instances when gross contamination can be reasonably expected.

VII. HOUSEKEEPING AND SPILL CLEANUP:

1. General Information:
- Supervisors should ensure that the worksite is maintained in a clean and sanitary manner.

- All equipment and working surfaces should be decontaminated as soon as possible after contact with blood or potentially infectious material.
- Contaminated work surfaces should be decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious material and at the end of the work shift if the surface has become contaminated since the last cleaning.
- All bins, pails, cans, and similar receptacles intended for reuse will be lined with non-reusable plastic liners. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious material should be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware which may be contaminated should not be picked up directly with the hands but by mechanical means such as a brush and dustpan, tongs or forceps.
- All employees must wear disposable gloves before making any contact with body fluids. This includes, but is not limited to, care and first aid treatment of a person as well as cleaning procedures for objects contaminated with body fluids.
- Use only disposable items as provided.
- Discard disposable articles from each contact or clean up into plastic trash bags that are marked for placement into biomedical bags.

2. Hand Washing:

- Use antibacterial soap and running water.
- Rub hands together for 15 seconds to work up lather.
- Scrub between fingers, knuckles, back of hands, and around nails.
- Rinse hands under warm running water.
- Dry hands with paper towel.
- Use paper towel to turn off water, open door or press automatic opener and then discard paper towel in trash. If you are in an area with no access to paper towels, use antiseptic towelettes.

3. Regulated Waste:

- Regulated waste, such as disposable sharps, is to be discarded immediately or as soon as possible in containers that are sealable, puncture-resistant leak proof on sides and bottom, and labeled or color-coded per OSHA guidelines. The containers prevent leakage during handling, storage, transport or shipping. All sharps containers should not be filled over 2/3 full. All regulated waste is to be disposed of in accordance with applicable federal, state, and local regulations.
- During use, containers for regulated waste will be easily accessible and located as close as possible to the immediate areas where the sharps are used or reasonably anticipated to be found.
- Regulated waste containers will be maintained upright throughout use and replaced routinely.
- Prior to removal of regulated waste containers from area of use, close securely to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

- If leakage is possible or the outside of regulated containers become contaminated, the regulated waste containers are to be placed in a secondary container which is sealable, contains all contents, prevents leakage during handling, storage, transport, or shipping, and are labeled or color-coded as hazardous waste.
- Reusable contaminated sharp containers are not to be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

4. Biohazard Waste Bags or Containers:

- Must be closable.
- Must be able to contain all waste and prevent leakage.
- Must be properly labeled and/or color-coded.
- Must be closed prior to removal.
- If outside contamination of the regulated waste container occurs it shall be placed in a second container with the same restrictions as set forth above.

5. Contaminated Laundry:

- Any contaminated laundry generated at RSC shall be handled as little as possible with a minimum of agitation.
- Bagged at the site where it was used and is not stored or rinsed at the site of use.
- Placed and transported in labeled or color-coded bags or containers.
- Handled by persons wearing gloves and other appropriate PPE.
- Recognizable alternative labeling or color-coding for contaminated laundry containers may be used. At-risk employees will be oriented as necessary.
- Whenever contaminated laundry becomes wet and presents a reasonable probability of soak-through or leakage it will be placed and transported in bags or containers which prevent soak-through and/or leakage and are appropriately labeled and/or color-coded.
- Children's clothing contaminated with own body fluids may be double bagged and sent home with child to be cleaned.
- If contaminated laundry is shipped off-site to a second facility which does not utilize Universal Precautions it will be placed in labeled and/or color-coded containers.

6. Disinfectants:

Spills of blood and blood-contaminated fluids and potentially contaminated surfaces shall be properly cleaned following the manufacturer's handling instructions of only the following disinfectants:

- Products registered by the United States Environmental Protection Agency ("USEPA") as a "hospital disinfectant" (chemical germicides that have a label claim for tuberculocidal activity),
- Products registered by the USEPA as being effective against human immunodeficiency virus (HIV), or
- A solution of 10 percent mixture of sodium hypochlorite (household bleach) and water (approximately 1.6 cups of bleach per one gallon of water) prepared within the last 24 hours.

7. Spill Procedures:

- Universal precautions should be observed. Cleaning of spills should be limited to those persons who are trained for the task.
- If an untrained person encounters a spill, limit access to the area and immediately notify the RSC Campus Police Department or by pressing the emergency call button on the nearest IP telephone.
- RSC Campus Police Department shall alert Facilities Management (Housekeeping) of the spill, proceed to the area of the spill, determine if other resources may be required to contain the spill and provide scene control until area is clear.
- RSC Campus Police Department shall be responsible for disposing of biohazardous waste contained in biohazard bags.
- Only disposable towels should be used to avoid the difficulties involved in laundering.
- If a spill involves broken glassware, the glass should never be picked up directly with the hands. It must be cleaned up using mechanical means such as a brush and dustpan, tong, or forceps.
- For blood spills on hard surfaces:
 - a. Alert people in immediate area of spill;
 - b. Put on PPE. This may include a laboratory coat with long sleeves, back-fastening gown or jumpsuit, disposable gloves, disposable shoe covers, safety goggles, mask or full-face shield;
 - c. Pre-Cleaning Procedures
 - Cover spill with disposable towels;
 - Carefully pour a freshly prepared 1:10 dilution of household bleach (1.6 cups of bleach to 1 gallon of water) or other USEPA-registered disinfectant around the edges of the spill and then into the spill. Avoid splashing;
 - Use disposable towels to wipe the spill, working from the edges into the center;
 - Collect all disposable towels and place into a biohazard bag.
 - d. Disinfection
 - Clean-up the spill area again with fresh towels soaked in disinfectant or spray;
 - Follow the manufacturer's contact time or allow twenty minutes of contact time in the absence of manufacturer recommendations;
 - After the spill has been absorbed, collect all disposable PPE, disposable towels, gloves, etc., and place in biohazard or opaque bag on which a biohazard label can be affixed;
 - Place biohazard bag in proper storage container for later pick-up by vendor.

- e. For blood spills on carpet:
 - Do not use chlorine bleach solutions on carpet;
 - Use only a registered disinfectant as discussed previously;
 - Read and follow manufacturer's instructions;
 - Isolate the area, if possible;
 - Wear gloves and other appropriate PPE;
 - For spills smaller than a quarter, soak the spill with enough disinfectant to cover the spot. Let dry at least overnight to ensure that the spot is disinfected. Shampoo carpet, if needed, or use 3% hydrogen peroxide to remove discoloration;
 - For spills larger than a quarter, pour disinfectant on the spot and let stand at least 30 minutes to allow disinfection to take place. Blot up excess liquid with disposable towels. Soak the area with additional disinfectant and allow to dry overnight. Shampoo carpet, if needed, or use 3% hydrogen peroxide to remove discoloration.
- f. All contaminated towels and gloves should be double-bagged and labeled with the biohazard symbol. Disposal of contaminated material must follow procedures outlined below under Biomedical Waste Disposal.

- 8. Special considerations for cleanup and disinfection of spills, releases, or other contaminations in the pool area.

VIII. BIOMEDICAL WASTE DISPOSAL:

- 1. Biomedical waste include materials which are (1) capable of producing an infectious disease, or (2) materials which are not otherwise regulated as hazardous waste, but should be incinerated through a biomedical waste incinerator. Examples of biomedical waste include:
 - Cultures and stocks of infectious agents and associated biologicals;
 - Biological tissues;
 - Human blood and blood products;
 - Pathological wastes;
 - Contaminated sharps including hypodermic needles, syringes (with or without the attached needle,) Pasteur pipettes, scalpel blades, suture needles, and needles with attached tubing and other types of broken or unbroken glassware that have come in contact with infectious agents (such as used slides and cover slips);
 - Used blood collections bags, tubes, and vials;
 - Animal carcasses and body parts, and contaminated bedding;
 - Wastes from surgery, autopsy and other medical procedures;
 - Soiled dressings and other patient-care materials;
 - Dialysis unit wastes;
 - Isolation wastes, unless determined to be non-infectious
 - HIV containing cell or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV;
 - Pharmaceutical wastes;
 - Laboratory reagents contaminated with infectious body fluids;

- All materials which have come in contact with cytotoxic/antineoplastic agents or other hazardous drugs; and
 - Any other material or contaminated equipment which presents a significant danger of infection because it is contaminated with, or may reasonably be expected to be contaminated with, etiologic agents.
2. If any infectious waste is also a chemical waste, call the office of RSC Campus Police Department for assistance with disposal after disinfection.
 3. Biomedical wastes that are also radioactive should be treated according to requirements for both biomedical and radioactive waste.
 4. Prior to any treatment, all biomedical wastes, including those to be incinerated, should be enclosed in a puncture resistant bag that is color coded or labeled with the biological hazard symbol.
 5. Untreated biomedical waste is not to be disposed of in the municipal waste stream. All biomedical wastes must be treated and rendered harmless and biologically inert by off-site treatment/incineration, steam sterilization or chemical disinfectant.
 6. Biomedical waste that has been effectively treated can be disposed of into the regular solid waste receptacle unless the material qualifies as “sharp,” in which case the material should be placed in a puncture-proof container (not labeled with the biohazard symbol) prior to disposal.
 7. Certain chemical disinfectants, such as bleach and alcohol, can be poured down the sink after being used for treatment. Other disinfectants, such as phenol and glutaraldehyde, require management as a hazardous waste. The management after use should be considered when selecting chemical or liquid disinfectants.

IX. HEPATITIS B VACCINATION:

1. RSC will make the Hepatitis B Virus (HBV) vaccination available at no cost to all at-risk employees.
2. Medical evaluations and procedures including the HBV vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis will be provided at no cost to all at-risk employees, at a reasonable time and place, under supervision of or by a licensed health care professional, and according to current recommendations of the U.S. Public Health Service. All laboratory tests are conducted by an accredited laboratory at no cost to employees and at a reasonable time and place.

3. HBV vaccinations will be made available to all at-risk employees after they have received the required training and within ten (10) working days of initial assignment. The only exceptions are when the employee provides documentation of being previously vaccinated, the antibody testing revealed employee is immune, or the vaccine is contraindicated for medical reasons.
4. Participation in pre-screening is not a prerequisite for receiving the HBV vaccination.
5. If an at-risk employee initially declines the vaccination but later decides to accept it the vaccination will be made available at no cost to the employee.
6. At-risk employees declining the HBV vaccination must sign the OSHA mandatory Declination Statement.
7. If the U.S. Public Health Services recommends in the future a vaccine booster it will be made available to all at-risk employees at no cost to the employee.

X. FIRST AID PROCEDURES:

1. If any employee responds to an emergency which provides potential for exposure to blood or other potentially infectious materials, standard precautions should be used.
2. First aid kits should include PPE, including gloves, masks, and face shields for response to emergencies in which blood is present. Pocket masks for CPR procedures are also recommended.
3. For most situations in which first aid is given, the following guidelines for protective clothing are offered:
4. For bleeding control with minimal bleeding, disposable gloves alone should be sufficient.
5. For bleeding control with spurting blood, disposable gloves, a gown, a mask, and protective eye wear are recommended.
6. For measuring temperature or measuring blood pressure, no protection is required.
7. After emergency care has been administered, hands and other skin surfaces should be washed immediately and thoroughly with warm water and soap. Hands should always be washed after gloves are removed, even if the gloves appear to be intact.
8. If blood is splashed onto the unprotected skin or mucous membranes of persons other than the victim, the skin should be washed with soap and water or the mucous membranes should be flushed with water thoroughly. Immediately after washing or flushing, follow the procedures in Exposure Incident Procedures.

9. After an emergency that involves blood is over, clean-up of blood may be required. Housekeeping services will not automatically clean the spill. If no one in the department is trained in spill cleanup procedures, or if a spill is observed that cannot be attributed to any department, access to the spill area should be limited. RSC Campus Police Department should be contacted to secure the area until Housekeeping performs cleanup.
10. Waste materials heavily contaminated with blood should not be disposed in the regular trash. These items should be disposed of as biomedical waste.

XI. COMMUNICATION OF HAZARDS TO EMPLOYEES:

Biohazard warning labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood, other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials except as specified per special procedure. The following are examples of how the biohazard label is to be used:

- Predominately fluorescent orange or orange-red with lettering or symbols in a contrasting color;
- Fixed as close as possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal;
- Not required when red biohazard bags or red biohazard containers are substituted for biohazard labels;
- Exempted from being required on containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transportation or other clinical use;
- Exempted from individual containers of blood or other potentially infectious materials that are placed in labeled containers during storage, transport, shipment, or disposal;
- Required for contaminated equipment and will state which portions of the equipment remains contaminated;
- Not required for regulated waste that has been decontaminated.

XII. EXPOSURE INCIDENT PROCEDURES:

1. If an employee sustains an exposure incident (such as a stick with a contaminated needle or a splash of potentially infectious material in the eye, mouth, mucous membrane, or non-intact skin) the exposed person shall immediately:
 - Clean the wound with soap; flush mucous membranes with water or normal saline solution.
 - Immediately notify supervisor, Department of Emergency Planning and Risk Management, or other designated individual and complete the Confidential Needlestick/Sharps Injury or Exposure to Body Fluid Report Form.
 - Proceed for treatment at the nearest emergency room, preferably within one-two hours of the exposure.
2. The responding health care professional shall manage the exposure or possible exposure according to the current CDC guidelines or protocol.

3. Information that must be provided to the responding healthcare professional includes:
 - A description of the exposed employee's duties as they relate to the exposure incident.
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - Results of the source individual's blood testing, if available.
 - All medical records relevant to the appropriate treatment including vaccination status.

XIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP:

1. Following an exposure incident, a confidential examination and follow-up shall be made available to the employee to address such infectious diseases as HBV, HCV, and HIV. This shall include confidential post-exposure prophylaxis and counseling in accordance with current CDC protocol.
2. The healthcare professional providing treatment shall forward a written opinion as outlined in the OSHA regulations to the employee and maintain a copy on file. A copy shall also be placed in employee's confidential medical records file kept in Human Resources.

XIV. TRAINING:

1. All employees with occupational exposure to blood or other potentially infectious materials shall receive Bloodborne Pathogen Training in the subject matter identified below within ten (10) days of initial assignment to tasks where occupational exposure may take place, when changes affect employees' occupational exposure and at least annually thereafter. Training material shall be appropriate in content and vocabulary to the educational level, literacy, and language of employees. The person conducting the training shall be knowledgeable in the subject matter covered by the elements of the training program as it relates to the workplace. Training must be documented and a copy of such documentation forwarded to the Department of Emergency Planning and Risk Management.
2. The training program shall contain at least the following elements:
 - An accessible copy of the OSHA Bloodborne Pathogens Standard and a summary of its contents.
 - A general explanation of the epidemiology of and symptoms of bloodborne diseases.
 - Modes of transmission of bloodborne pathogens.
 - An explanation of this Plan and how to get a copy of it.
 - Appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious material.
 - Use and limitations of engineering controls, work practices, and PPE.
 - An explanation of the basis for selection of PPE.
 - Information regarding the Hepatitis B Vaccine, including efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered at no cost to the employee

- Appropriate actions to take and persons to contact in emergencies involving blood or other potentially infectious materials.
 - Procedure to follow if an exposure incident occurs including the methods of reporting the incident and the medical follow-up that will be made available.
 - Information on the post-exposure evaluation and follow-up that will be provided following an exposure incident.
 - Signs and labels that is required.
 - An opportunity for interactive questions and answers.
3. Employees who are required to use PPE shall be trained to know at least the following:
- When PPE is necessary.
 - What PPE is necessary.
 - How to properly don, doff, adjust, and wear PPE.
 - The limitations of the PPE.
 - The proper care, maintenance, useful life and disposal of PPE.

XV. RECORDKEEPING REQUIREMENTS:

1. Medical Records:
- RSC shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.1020.
 - RSC shall ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law.
 - Records on all exposure incidents shall be maintained for the duration of employment plus 30 years.
2. Training Records:
- RSC shall maintain training records for at least three (3) years. Documentation of training performed by personnel other than RSC staff or authorized instructor shall be forwarded to Professional Development for inclusion with other training records.
 - Training records shall include the dates of the training; a summary of the training session; the names and qualifications of persons conducting the training; and the names and job titles of all persons attending the training session.
 - All records required to be maintained by the OSHA Bloodborne Pathogens Standard shall be provided upon request to OSHA and the Oklahoma Department of Labor. All medical records required to be maintained shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to OSHA and the Oklahoma Department of Labor.
3. Sharps Injury Log:
- RSC Human Resources Department shall establish and maintain a Sharps Injury Log for the recording of employee percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee.
 - The Sharps Injury Log shall contain the type and brand of device involved in the incident; the department or work area where the exposure incident occurred; and an explanation of how the incident occurred.
 - The Sharps Injury Log shall be maintained for the period required by 29 CFR 1904.33.