

ESU ATEP – OSHA Training Bloodborne Pathogens Exposure Control Plan

In accordance with the OSHA standards, the following training program has been developed for the Athletic Training Educational Program (ATEP) at Emporia State University:

A. Purpose

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids.
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

B. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In the Athletic Training Clinic and ATEP, the following job classifications are thus categorized: Staff Athletic Trainers, Student Athletic Trainers, Physicians, and urine collection team for drug testing.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classification and associated tasks for these categories are as follows:

1. Athletic Trainers - allied health care providers

C. Implementation Schedule and Methodology

OSHA also requires this plan to include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

1. Compliance Methods

Universal precautions are observed in all aspects of the Athletic Training Clinic and clinical rotations in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual.

Work practice controls are utilized to eliminate or minimize exposure to employees in this department. Where occupational exposure remains after institution of these controls, personal protection equipment shall also be utilized. In the Athletic Training Clinic, the following engineering controls will be utilized and include sharps containers and containers for biohazardous waste.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: The Athletic Trainer responsible for the operation of the specific site will review controls daily.

Handwashing facilities shall be made available to employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Additionally, antiseptic handwashing cleansers are available, especially for use on practice and game fields.

The staff persons (including student athletic trainers) responsibilities are as follows:

- a. Athletic Training Rooms and service areas – Athletic Training staff
- b. Equipment and equipment room - Equipment Manager and staff
- c. Athletic facilities and locker rooms – Custodial / Maintenance staff

Each staff shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. Each staff member shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

2. Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility, recapping or removal is NOT permitted, the facility uses sharps containers.

3. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are presented.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods will be employed at these facilities to accomplish this goal.

4. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. All urine specimen collection for drug screening are labeled and identified. Collectors are required to wear gloves and wash hands between collections of specimen.

Additionally, arthrocentesis kits will be utilized for joint aspirations. The contents of arthrocentesis kits will be disposed properly via the Biohazardous Waste Management pick-up. Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

To protect the health care worker from potentially infectious agents, certain work practices and protective equipment are mandated for any task that involves exposure or potential exposure to blood, body fluids or tissues. Universal Precautions must be practiced at event sites, home and away.

- a. Non-sterile gloves should be worn whenever contact with blood or body fluids, secretions or excretions are anticipated.
- b. Gowns should be worn when soiling of clothing with blood or body fluid is anticipated.
- c. Strict hand washing should be performed before and after any procedure. Always wash hands after removing gloves. (Liquid hand cleaner can be used when washing facility is unavailable)
- d. When there is a situation in which a splatter with blood, bloody secretions, or body fluids is possible, protective eyewear such as goggles and a mask should be worn.
- e. Needles, syringes, knife blades, should be disposed of in a rigid, puncture-proof container. Needles should not be recapped and should not be bent or broken by hand since accidental needle puncture may occur.
- f. Extraordinary care should be taken to avoid accidental wounds from needles or other sharp instruments.
- g. Whenever possible, a hazardous procedure and device should be substituted with one less risky or harmful.
- h. Soiled linen and other laundry, which have become contaminated with blood or other body fluids, should be appropriately labeled and processed according to the policy regarding patients in isolation precautions.
- i. Infectious waste should be disposed of according to the Department of Athletics Policy.
- j. Accidental Exposure Protocol -- First Aid treatment, and appropriate referral to office of Occupational Health and Safety.

5. Contaminated Equipment

The head athletic trainer, assistant athletic trainers, and head equipment manager shall ensure that equipment, which has been contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

6. Personal Protective Equipment

a. Personal Protective Equipment Provision

Athletic training and equipment staff are responsible for ensuring that the following provisions are met. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Each athletic training room and equipment area will have disposable gloves, gowns, and goggles for staff usage. Additionally utility gloves may be used and re-used provided the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. The staff person supervising each facility shall notify a Staff Athletic Trainer regarding inventory needs, allowing ample time for ordering and restocking.

b. Personal Protective Equipment Use

The athletic training staff shall ensure that the employee uses appropriate personal protective equipment, unless the supervisor demonstrates that the employee temporarily and briefly declined to use personal protective equipment. Only under rare and extraordinary circumstances, in the employee's professional judgement that this specific instance would prevent the delivery of health care or pose an increased hazard to the safety of the worker or co-worker may an employee not use appropriate personal protective equipment. When the employee makes this judgement, the

circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

c. Personal Protective Equipment Accessibility

The athletic training staff shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, and other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. Personal Protective Equipment Cleaning, Laundering, and Disposal

All personal protective equipment will be cleansed, laundered, or disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to the employees.

All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. The contaminated clothing is to be placed in a designated bag and washed accordingly.

e. Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable gloves used at these facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves, used in the laundry areas, may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

f. Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at these facilities that would require such protection are listed in the following table.

Protective Equipment For Tasks Involving Potential For Exposure to Bloodborne Organisms

Task	Hand Washing	Gloves	Gown	Mask	Eye Protection
Assisting with incision and draining of wound	X	X	S	++	++
Physical assessment		X			
Emptying emesis basins	X	X			
Applying pressure to control bleeding		X	X	S	++
Emptying trash	X	X			
Collecting urine, wound specimens	X	X			
Cleaning up spills of blood & body substance	X	X			
Applying topical ointment	X	X			
Vital signs - oral temperature, pulse, respiration, blood pressure	X				
Rectal temperature	X	X			
Cleaning surfaces contaminated by blood & body substances	X	X			
Routine dressing changes and wound care	X	X			
Dressing changes for wounds with large amounts of drainage	X	X	S		
Wound irrigation	X	X	S	++	++
Burn dressing changes	X	X	S		
Suture or staple removal - wound with drainage	X	X			
Dressing removal	X	X			
Wound packing	X	X	S		

KEY: X - routinely, S - if soiling likely, and splattering likely, ++ - optional

7. Housekeeping

The facility will be cleaned and decontaminated according to the following schedule:

<u>Area or Equipment</u>	<u>Schedule</u>
Treatment tables	Daily
Whirlpools	Daily
Ceramic tile floors	Daily
Laundry	Daily
General areas	PFN
Blood spills	PFN

A small sample of decontamination cleaning materials include: Disinfectant Germicidal Cleaner, Tide Laundry Detergent, Parsons Ammonia, Pine Oil Cleaner, End Bac II (Johnson Disinfectant Deodorant Spray), Fantastik Spray Cleaner, Disinfectant Toilet Bowl Cleaner, Isoquin Germicidal Hand Wash (Cramer Products), Industrial Scouring Powder, and hypochlorite liquid bleach.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift.

All table and counter top surfaces will be cleaned with a disinfectant. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular daily basis. Any broken glassware that may be contaminated will not be picked up directly with the hands. Dustpans and hand brooms should be used. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

8. Regulated Waste Disposal

a. Disposable Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on both sides and bottom and labeled or color coded. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain and prevent leakage during handling, storage, transport, or shipping. The second container shall be labeled or color-coded to identify its content. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

b. Other Regulated Waste

Regarding gloves, gauze, human tissue, etc. -- each athletic training facility will have a covered waste container lined with a biohazardous trash bag. Materials contaminated with blood, exudates, secretions, body fluid wastes, or other infectious materials are to be placed in these covered containers. Grossly soaked towels will be discarded in a biohazard bag. Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations.

9. Laundry Procedure

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. All student-athletes will be properly instructed on the procedures for handling contaminated equipment. A note should also be made to properly dispose of contaminated dressings removed following physical activity. Those staff members responsible for implementation and enforcement of those procedures include head athletic trainer, assistant athletic trainers, and equipment manager. Such laundry will be placed in an appropriately marked biohazard labeled bags available from the equipment staff. Laundry in these bags will not be sorted or rinsed in the area of use.

NOTE: Emporia State University Department of Athletics utilizes Universal Precautions in the handling of all soiled laundry and assumes all laundry to be contaminated. However, all contaminated laundry will be placed in appropriately marked biohazard labeled bags available from the equipment staff.

Laundry for all facilities will be laundered by the Emporia State University Equipment Room under the supervision of the equipment manager.

NOTE: In the event contaminated laundry is sent to an off-site laundry facility not utilizing Universal Precautions, all contaminated laundry must be placed in appropriately marked biohazard labeled bags available from the equipment staff.

Soiled linens include towels, uniforms, socks, jocks, etc. and are handled in such a manner as to protect the laundry room staff from inadvertent exposure to any organism contained in the soiled items, although the risks of disease transmission through soiled linens is negligible. Players should handle their own dirty laundry items as much as possible. Linens washed in hot water with detergent or cool water with germicide will be decontaminated during laundering. It is suggested that gloves and gowns be worn when handling soiled linen. Linen with moderate amounts of blood or body fluid contamination may be placed in the normal laundry bag.

10. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow Up

Emporia State University shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The head athletic trainer and ATEP program director shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- a. Made available at a reasonable cost to the employee
- b. Made available to the employee at a reasonable time and place;
- c. Performed under the supervision of the team physician
- d. Provided according to the recommendations of the U.S. Public Service.

All laboratory tests shall be conducted by an accredited laboratory.

Hepatitis B Vaccination

Department of Occupational Health is in charge of the Hepatitis B vaccination program. Hepatitis B vaccination is made available after the employee has received the training in occupational exposure (see information and training). Within 10 working days of initial clinical assignment, all employees who have occupational exposure, unless he/she has previously received the complete Hepatitis B series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons must receive the Hepatitis B vaccination or sign a waiver refusing the vaccination. The head athletic trainer and ATEP program director will identify all workers as exposed or non-exposed. Those exposed workers will be educated regarding Hepatitis B prevention and vaccination.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard, decides to accept the vaccination, it shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

Post Exposure Evaluation and Follow-Up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Department of Occupational Health. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements identified by the Department of Occupational Health.

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infection. If consent is not provided, the head athletic trainer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the result documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBVC and HIV serological status will be in compliance with accepted federal standards as directed by the Department of Occupational Health.

- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained
- b. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV or HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the Office of Occupational Health.

Information Provided To the Healthcare Professional

The Occupational Health and Safety Office shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a. A copy of 29 CFR 1910.1030
- b. A written description of the exposed employee's duties as they relate to the exposure incident
- c. Written documentation of the route of exposure and circumstances under which exposure occurred
- d. Results of the source individuals blood testing, if available
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status

Healthcare Professional's Written Opinion

The Occupational Health and Safety Office shall obtain and provide the employee with a copy of the evaluating healthcare professional within fifteen (15) days of the completion of the written evaluation. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- a. A statement that the employee has been informed of the results of the evaluation.
- b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

11. Labels and Signs

Athletic training staff and equipment staff shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood, or other potentially infectious materials. Additionally, these staff persons will insure proper information is disseminated to visiting teams and ample supplies are available in visiting team locker room areas to implement the practice of Universal Precautions.

The universal biohazard symbol shall be used. The label shall be orange or red screened on laundry bags for handling contaminated clothing. Red bags or containers may be substituted for labels. However, regulated waste must be handled in accordance with the rules and regulations of the organization having jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from those labeling requirements.

12. Information and Training

The athletic training staff shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- a. A copy of the standard and a explanation of its contents
- b. A discussion of the epidemiology and symptoms of bloodborne diseases
- c. An explanation of the modes of transmission of bloodborne pathogens
- d. An explanation of the Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy
- e. The recognition of tasks that may involve exposure
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices, and personal protective equipment (PPE)
- g. Information on the types, uses, location, removal, handling, decontamination, and disposal of PPE
- h. An explanation of the basis of selection of PPE
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it will be offered free of charge
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- l. Information on the evaluation and follow-up required after an employee exposure incident

- m. An explanation of the signs, labels, and color-coding systems

The person conducting the training shall be knowledgeable in the subject matter. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in the provisions of the policy that were not covered. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

13. Record keeping

The Occupational Health and Safety Office, with assistance from the athletic training staff is responsible for maintaining medical records as indicated below. These records will be kept at the Occupational Health and Safety Office.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and social security number of the employee
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination
- c. A copy of all results of examinations, medical testing, and follow-up procedures
- d. A copy of the information provided to the healthcare professional, including a description of the employees' duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure

NOTE: For OSHA 200 Record keeping purposes, an occupational bloodborne pathogens exposure incident shall be classified as an injury since it is usually the result of an instantaneous event or exposure. It shall be recorded if it meets requirements.

Training Records

The head athletic trainer is responsible for maintaining the following training records. These records will be kept in the athletic training room (doctor's office).

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a. The dates of the training sessions
- b. An outline describing the material presented
- c. The names and qualifications of persons conducting the training
- d. The names and job titles of all persons attending the training sessions

Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final deposition.

14. Evaluation and Review

The athletic training staff and equipment staff are responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

15. Dates

All provisions required by this standard will be implemented by July 1, 1998.

16. Outside Contractors

All consulting physicians and health care practitioners are requested to participate in the practice of Universal Precautions. It is understood and acknowledged that these persons accept professional liability and responsibility for their professional actions.

Guidelines for Infectious Waste Disposal In the Athletic Training Room

Type of Waste	Regular Wash	Sharps Container	Biohazard Bag	Toilet / Sink
Needle, syringe, scalpel		X		
Urine				X
Urine containers			X	
Alcohol wipes, used dressings or gauze			X	
Tongue depressors, throat swabs	X			
Containers of blood, blood products and potentially infectious body fluids (synovial fluid, blood or any fluid contaminated with blood)			X	
Broken glass, glass ampules, or sharp objects		X		
Gloves, if not contaminated	X			

NOTE: Broken glass or sharp objects that are not contaminated and are not of medical origin should be placed in a rigid, puncture resistant container and disposed of in regular trash.

