

# **Bloodborne Pathogens Exposure Control Plan**

(Revised 01/2023)



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## I. Introduction

Ivy Tech Community College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard [29 CFR 1910.1030](#), Occupational Exposure to Bloodborne Pathogens.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood, human body fluids, human tissues or other potentially infectious material (OPIM).

The ECP assists the College in implementing and ensuring compliance with the standard. It applies to those faculty or staff that may reasonably anticipate skin, eye, mucous membrane, or parenteral (beneath the skin) contact with blood or OPIM that may result from the performance of an employee's duties.

## II. Plan Administration

Systems Office, in cooperation with the Executive Directors of Human Resources, Directors of Safety & Security, Directors of Facilities, and Schools of Nursing and Health Sciences Program Chairs, will maintain, review, and update the ECP at least annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

As it relates to their departmental staff, the Director of Safety & Security, Director of Facilities, and Schools of Nursing and Health Sciences Program Chairs will provide and maintain all necessary personal protective equipment (PPE), engineering controls (i.e. sharps containers), labels, and red bags as required by the standard. Each Director or Program Chair will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes for their department or program.

Human Resources will be responsible for ensuring that all post-exposure evaluation and action steps required by the standard (see VI. Post-Exposure Evaluation and Follow-Up below) are performed and that appropriate employee health and OSHA records are maintained.

Human Resources will be responsible for assigning and documenting training, which will be managed in IvyLEAD from Systems Office. Campus Human Resources will be responsible for making the written ECP available to employees, OSHA, and NIOSH representatives.

## III. Employee Exposure Determination

Employees who are determined to have reasonably anticipated occupational exposure to blood or other potentially infectious materials ("occupational exposure") must comply with the procedures and work practices outlined in this ECP.

The following is a list of job classifications at the College in which **all employees** have occupational exposure whether in a campus setting or clinical location:

- Instructors in the School of Nursing
- Instructors in School of Health Sciences
- Instructors in the Mortuary Science Program

- Instructors in the Hospitality Administration Program
- All security personnel

The following is a list of job classifications in which **some employees** at the College have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Job Classifications	Task/Procedure
Maintenance and Custodial Personnel	Cleaning of rest rooms; especially of urinals and toilets Repair of rest room plumbing fixtures Body fluid spill clean-up Emergency calls of students and personnel

Contract employees who enter Ivy Tech facilities are covered by the OSHA standard. The specific contract should dictate whether training is provided by the College or the employer. In general, the Ivy Tech ECP and associated training apply to contract employees where Ivy Tech is providing day-to-day supervision and direction on how the job is to be completed.

#### IV. Methods of Implementation and Control

##### A. Universal Precautions

Employees shall observe universal precautions.

##### B. Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of and access to this ECP during their initial hiring and at each subsequent training session. All employees can review this plan at any time during their work shifts by contacting their department Director or Program Chair or Human Resources, and if requested, the respective office should provide an employee with a copy of the ECP free of charge and within 15 days of the request.

##### C. Engineering Controls and Work Practices

The following engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens:

1. Handwashing:
  - a. Handwashing facilities are readily accessible to employees, or where not feasible, the provision of appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are made available. Hands shall be washed with soap and running water as soon as feasible.
  - b. Employees shall wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
2. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary by the nearest (or most readily available) individual trained to properly decontaminate equipment unless the decontamination of the equipment is not feasible. A readily observable label shall be attached to the equipment stating which portions remain contaminated.

3. 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, 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 present.
4. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
5. Contaminated sharps will not be bent, recapped, removed, sheared or purposely broken unless no alternative exists, and the action is required by the medical procedure. In such an instance, such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
6. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. Containers shall be puncture resistant, appropriately labeled or color-coded and leak-proof. Sharps 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.
7. Sharps disposal containers are inspected and maintained or replaced in accordance with your campus or site's ECP supplement or whenever necessary to prevent overfilling.
8. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
9. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
10. The container for storage, transport, or shipping shall be labeled or appropriately color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility.
11. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
12. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.
13. The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

This facility identifies the need for changes in engineering controls and work practices through a review of OSHA records, incidents or near-misses, employee notifications and interviews, with both front-line employees and supervisory staff involved as follows:

1. Front-line employees should promptly notify his/her supervisor if engineering controls fail or additional controls are warranted.
2. Program Department Chairs are responsible for reviewing the effectiveness of controls in their programs as well as evaluating new procedures and new products which may enhance or add to current controls.
3. The Directors of Facilities are responsible for reviewing the effectiveness of controls in cleaning rest rooms and maintenance-related tasks as well as evaluating new procedures and new products which may enhance or add to current controls.
4. The Directors of Safety & Security are responsible for reviewing the effectiveness of controls in responding to injured persons as well as evaluating new procedures and new products which may enhance or add to current controls.
5. Human Resources, along with the above-mentioned parties, are responsible for reviewing OSHA records, incidents or near-misses to identify controls and practices which may need evaluated and improved.

**D. Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them and is made available by the employee's supervisor. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the employee's supervisor or designee. The types of PPE available to employees must be appropriate for the tasks and procedures expected to be performed.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE immediately or as soon as feasible after it becomes contaminated and before leaving the work area.
3. Used PPE may be disposed of in the appropriate receptacle used for disposal of contaminated PPE.
4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
5. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
6. Never wash or decontaminate disposable gloves for reuse.
7. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
8. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

## E. Housekeeping

### General

- a. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.
- b. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- c. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- d. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- e. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### Regulated Waste

- a. Contaminated Sharps Disposal
  - 1) Contaminated sharps are discarded immediately or as soon as possible in upright containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded (see section "Labels"). 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.
  - 2) Sharps disposal containers are available at locations designated in the campus or site's ECP supplement.
  - 3) The procedure for handling sharps disposal containers is discussed in the campus or site's ECP supplement.

*Sample: Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.*

b. **Other Regulated Waste Containment**

Regulated waste is placed in containers which are closable, puncture-resistant, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling. Disposal of all regulated waste shall be in accordance with applicable Federal, State, and City/County regulations.

The procedure for handling other regulated waste is outlined in the campus or site's ECP supplement.

**F. Labels**

As it relates to their departmental staff, the Director of Safety & Security, Director of Facilities, and Program Chairs are responsible for ensuring that warning labels are affixed to containers or red bags are used to store, transport or ship blood or OPIM.

Employees are to notify the Director of Facilities if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Biohazard labels of fluorescent orange or orange-red coloring, with lettering and symbols in a contrasting color shall be affixed to contaminated equipment or containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM.

**G. Laundry**

If contaminated articles are laundered at a campus or site, please refer to the campus or site's ECP supplement for specific guidance.

## V. Hepatitis B Vaccination

The Blood Borne Pathogens annual training will address safety, benefits, efficacy, methods of administration, and availability of the Hepatitis B vaccination. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of election or refusal of the vaccination is kept at the campus office of Human Resources. Vaccination will be provided at the medical facility designated by the campus.



## VI. Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, contact your supervisor as well as Human Resources. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following shall be immediately made available to the exposed employee:

- A confidential medical evaluation and follow-up at the campus' designated medical facility
- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless that identification is infeasible or prohibited by state or local law;
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, HR 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 results documented.
- 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.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of the employee's blood for HBV and HIV serological status;
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample should be preserved by the medical facility for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, counseling, and evaluation of reported illnesses.

### **A. Administration of Post-Exposure Evaluation and Follow-Up**

Human Resources ensures that the health care provider responsible for the employee's hepatitis B vaccination and post-exposure evaluation and follow-up have a copy of OSHA's bloodborne pathogens standard. Human Resources ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

Human Resources provides the employee with a copy of the evaluating health care provider's written opinion promptly, but within 15 days, upon completion of the evaluation, if he or she has not received it directly from the health care provider.

### **B. Procedures for Evaluation of the Circumstances Surrounding an Exposure Incident**

The departmental Director or Program Chair, depending on the employee involved, and Human Resources, will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand), if applicable
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (classroom, lab, bathroom, patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

If the exposure incident involves a percutaneous injury from a contaminated sharp, special recording requirements are required, as outlined in the Sharps Injury Log section below.

If revisions to this ECP are necessary as a result of post-exposure incident evaluation, Human Resources will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## VII. Employee Training

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training. That training addresses the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for questions and answers with the HR administrator. Training materials are within IvyLEAD.

## VIII. Recordkeeping

### A. Training Records

Training records are completed for each employee upon completion of training and held within IvyLEAD. Human Resources has access to training records. Employees also have access to their own record within IvyLEAD.

### B. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in the Human Resources for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Human Resources.

### C. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Human Resources.

### D. Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log, to be maintained by Systems Office. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

## IX. Campus/Site ECP Supplements

## **Columbus Campus – Bloodborne Pathogens Exposure Control Plan Supplement**

This supplement is intended to provide campus specific guidance as an extension of the College-wide Bloodborne Pathogen Exposure Control Plan.

### **1. Sharps Disposal Containers**

#### **a. Location:**

Sharps disposal containers are available in the Men's and Women's restrooms throughout MORAVEC Hall located on the first and second floor. Containers are also located within the Nursing and Medical Assisting areas.

#### **b. Inspection and Maintenance:**

Sharps disposal containers are inspected and maintained or replaced by the Facilities and Maintenance Department and a qualified vendor. The vendor takes care of all removal of full containers from premises.

#### **c. Handling Procedures:**

Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.

### **2. Engineering Controls & Work Practices:**

a. Body fluid spill clean-up kits are available in first aid kit locations and are checked monthly in accordance with the campus or site plan detail. First aid kits and body fluid spill clean-up kits are in the copy room, science labs, & medical labs.

b. AED defibrillator is in two different areas with in MOREVC Hall. An AED defibrillator is located at the front desk (temporarily) and the other is located on the second floor in the VCAA office (temporarily).

### **3. Plan Contact Information:**

a. Campus Executive Director of Human Resources

b. Campus Director of Public Safety & Emergency Preparedness

c. Campus Director of Facilities

d. Executive Director Risk Management & Insurance, Systems Office

e. Vice President for Public Safety & Emergency Preparedness, Systems Office

## Evansville Campus – Bloodborne Pathogens Exposure Control Plan Supplement

This supplement is intended to provide campus specific guidance as an extension of the College-wide Bloodborne Pathogen Exposure Control Plan.

### 1. Sharps Disposal Containers

#### a. Location:

1<sup>st</sup> floor bathroom K Hall, Nursing and Medical Assist Labs. Sharps disposal containers are located within the Nursing and Medical Assisting Labs.

#### b. Inspection and Maintenance:

Tiffany Vogler inspects once a month. Sharps disposal containers are inspected and replaced by the Nursing and Medical Assisting faculty/lab assistants when full.

c. Handling Procedures: If the sharps containers get too full, they are taken by either nursing or Med assist students to room 300. Once that box is filled in room 300 the box is taped up and placed in a locker where they wait to be picked up by SteriCycle our local company who disposes of them. Sharps containers will be replaced when they are full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container. Full containers will be placed in the larger container in room 300 in the main building for pickup by biohazard waste contractor.

### 2. Engineering Controls & Work Practices

a. Body fluid spill clean-up kits are available in first aid kit locations and are checked monthly in accordance with the campus or site plan detail.

b. Security is equipped with and utilizes resuscitation bags and ventilation devices.

### 3. Plan Contact Information

f. Campus Executive Director of Human Resources

g. Campus Director of Public Safety & Emergency Preparedness

h. Campus Director of Facilities

i. Executive Director Risk Management & Insurance, Systems Office

j. Vice President for Public Safety & Emergency Preparedness, Systems Office

**Indianapolis Campus – Blood borne Pathogens Exposure Control Plan Supplement**

This supplement is intended to provide campus specific guidance as an extension of the College-wide Blood borne Pathogen Exposure Control Plan.

1. Sharps Disposal Containers

a. Location:

Sharps disposal containers are available in each Central Indiana campus location in a minimum of one female and one male restroom, as well as, in nursing and medical assistant labs.

See Table 1 below for specific sharps container restroom locations:

<b>Table 1</b>		
<b>Sharps Container Building</b>	<b>Total Number of Containers</b>	<b>Sharp Container Restrooms</b>
ATC (Automotive)	2	1 <sup>st</sup> floor restrooms
NMC	2	1 <sup>st</sup> floor Main Restrooms in Lobby
NMC	2	3 <sup>rd</sup> Floor Restrooms by Elevator 1
NMC	2	5 <sup>th</sup> Floor Restrooms by Elevator 1
C4	2	1 <sup>st</sup> FL Main Restroom areas past Elevators
C4	2	5 <sup>th</sup> Floor both restrooms
C4	1	1 <sup>st</sup> Floor Family Restroom Westside Hallway
TB	2	1 <sup>st</sup> Floor Main Restrooms off Rotunda
IFC	2	1st Floor Main Restrooms near Security Desk
IFC	1	1st Floor Family Restroom near Security Desk
IFC	2	3rd Floor Eastside Restrooms
IFC	2	5th Floor Eastside Restrooms
NIC	2	1st Floor Main Restrooms near entrance
Fairbanks	6	1st,2nd,3rd Floors Center Restrooms
Public Safety	2	Main Restrooms
LRC	1	Women Restroom

b. Inspection and Maintenance:

Sharps disposal containers are inspected and maintained or replaced by the Public Safety department. Monthly inspections take place at each location.

c. Handling Procedures:

Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.

2. Engineering Controls & Work Practices

- a. Body fluid spill clean-up kits are available in the facilities/custodial departments.
- b. Department of Public Safety personnel are equipped with and utilize resuscitation bags and ventilation devices when necessary.

3. Plan Contact Information

- a. Campus Executive Director of Human Resources
- b. Campus Director of Public Safety & Emergency Preparedness
- c. Campus Director of Facilities

- d. Executive Director Risk Management & Insurance, Systems Office
- e. Vice President for Public Safety & Emergency Preparedness, Systems Office

## **Kokomo Campus – Bloodborne Pathogens Exposure Control Plan Supplement**

This supplement is intended to provide campus specific guidance as an extension of the College-wide Bloodborne Pathogen Exposure Control Plan.

### **1. Sharps Disposal Containers**

#### **a. Location:**

Kokomo - Sharps disposal containers are located within the Nursing, surgical technology and Medical Assisting Labs.

Logansport – MEAS lab (rm. 258) and NURS lab (rm. 253)

Peru – Main Office area

#### **b. Inspection and Maintenance:**

Sharps disposal containers are inspected and maintained or replaced by the Facilities and Maintenance Department whenever necessary to prevent overfilling.

#### **c. Handling Procedures:**

Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The replacement container must meet the same standards as the primary container.

### **2. Engineering Controls & Work Practices**

#### **a. Body fluid spill clean-up kits are available:**

i. Kokomo – Facilities office and Security office

ii. Logansport – Main Reception desk and MEAS lab (rm. 258)

iii. Peru – Main Office area

#### **b. Additional Equipment:**

iv. Logansport – AED device located in the conference room, (rm. 186)

### **3. Plan Contact Information**

a. Campus Executive Director of Human Resources

b. Campus/Site Director of Public Safety & Emergency Preparedness

c. Campus/Site Director of Facilities

d. Executive Director Risk Management & Insurance, Systems Office

e. Vice President for Public Safety & Emergency Preparedness, Systems Office



## Lafayette Campus – Bloodborne Pathogens Exposure Control Plan Supplement

This supplement is intended to provide campus specific guidance as an extension of the College-wide Bloodborne Pathogen Exposure Control Plan.

### 1. Sharps Disposal Containers:

#### a. Location:

Sharps boxes are located in Nursing, Medical Assisting and Science labs.

#### b. Inspection and Maintenance:

Sharps disposal containers are inspected and replaced by the Nursing and Medical Assisting faculty/lab assistants when full. In the Science lab the laboratory assistant is responsible for disposal and replacement of sharps containers. The appropriate faculty member when necessary (to prevent overfilling) inspects and changes out full containers. The full containers are placed in the bio-hazard room (room 300 Ivy Hall) for removal. Absolute Medical Waste comes to the Lafayette Campus, Frankfort Site, Crawfordsville Site and White County Site monthly to pick-up and dispose of full containers.

Sharp disposal container locations:

Lafayette Campus

Ivy 2259 = 3 sharps containers

Ivy 2245 = 3 sharps containers

Ivy 2235 = 3 sharps containers

Ivy 2236 = 3 sharps containers

GH 230 = 1 sharps container GH 150 = 1 sharps container

Crawfordsville Site

Room 161 = 3 sharps containers

Room 165 = 3 sharps containers

Monticello Site

Room 106 = 2 sharps containers

Frankfort Site

Room 118 = 2 sharps containers

#### c. Handling Procedures:

The campus generally follows the Absolute Medical Waste provided Policy and Procedure guidelines for packaging Biohazard Waste (see attached Absolute Medical Waste Packing Procedures, Regulated Medical Waste List and Sharps Containers List).

The faculty members change out full containers and replace the full with empty containers when appropriate.

Absolute Medical removes the bio waste from our Campus and supported sites (White County, Frankfort, Crawfordsville) monthly.

The Lab Tech/Assistant checks the sharps containers daily, usually needing to remove them once a semester to avoid spillage or over filling.

The Nursing Lab Coordinator checks the Ivy Hall, Biohazard storage room 2286, for light off, hand washing supplies, tape and exam gloves and an appropriate supply of new, empty sharps boxes available. The biohazardous storage room contained in Griffin Hall classroom 230 is checked in the same manner but less often and at least at the beginning and end of each semester or as notified. The Nursing Lab Coordinator will have the keys necessary for both Griffin and Ivy Hall biohazard storage rooms to be opened to be able to complete the outlined duties.

The Nursing Lab Coordinator will notify the Dean for the School of Health Sciences and Dean for the School of Nursing to order sharps boxes.

The Nursing Lab Coordinator will report any needs for violations, cleaning or repair to the Deans of Health Sciences and Nursing and Facilities Department and follows-up on the work is completed.

2. Engineering Controls & Work Practices:

- a. See attached Absolute Medical Waste work practice/compliance Policy and Procedure for Handling/disposing of Biohazard Waste documents. Listed in the O3 Pur Med Solid Waste Processing Facility Permit Application Dated January 2014.
- b. Absolute Medical Waste provides Cradle to Grave chain of custody final sign off sheets with every monthly billing statement. These records are on file in the Assistant Director of Custodial Services office.
- c. Body fluid spill clean-up kits are available in first aid kit locations throughout the campus and associated sites. The custodial and maintenance staffs are trained in dealing with blood borne pathogens. The custodial staff in particular is trained annually in how to use items that make up the body fluid spill kits. The spill kits are checked monthly in accordance with the campus or site plan detail.

3. Safety Needles and Engineered Sharps:

Whenever feasible, the faculty should use safety needles and engineered sharps to reduce the occurrence of accidental sharps injuries to students. In some cases, this may not be feasible, and faculty are responsible to educate the students on how to safely manage needles, scalpels, or other sharps.

Student Training for Bloodborne Pathogens and Reporting Exposures:

Faculty are also responsible to educate students in OSHA Bloodborne Pathogen protocol, and how to report an exposure to blood or OPIM, whether on campus or at an off-campus site. Faculty are responsible to follow up with students to make sure appropriate reports are completed.

4. Plan Contact Information:

- a. Campus Executive Director of Human Resources
- b. Campus Director of Public Safety & Emergency Preparedness
- c. Campus Director of Custodial Services
- d. Executive Director Risk Management & Insurance, Systems Office
- e. Vice President for Public Safety & Emergency Preparedness, Systems Office

## **Lawrenceburg/Batesville Campus – Bloodborne Pathogens Exposure Control Plan Supplement**

This supplement is intended to provide campus specific guidance as an extension of the College-wide Blood borne Pathogen Exposure Control Plan.

### **1. Sharps Disposal Containers**

#### **a. Location:**

Sharps disposal containers are located in the Restrooms, Medical Assisting labs, Nursing labs, and Science labs. In Lawrenceburg, room numbers are 512, 514, 516, 523, 527, and 531. In Batesville, room numbers 1230 and 1340.

#### **b. Inspection and Maintenance:**

Sharps disposal containers are monitored for overfill by Donna Morgan (Nursing administrative assistant) at Lawrenceburg and Ana Liza Lloyd (Health Sciences Program Chair) at Batesville. Collection and replacement are performed by Tri-State Medical & Dental Waste (DeVille Pharmacy & Medical Supply), 401 W Eads Parkway, Lawrenceburg, IN 47025.

#### **c. Handling Procedures:**

Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.

### **2. Engineering Controls & Work Practices**

a. Body fluid spill clean-up kits are available in the facilities/custodial departments.

b. Security personnel are equipped with and utilize resuscitation bags and ventilation devices when necessary.

### **3. Plan Contact Information**

a. Campus Executive Director of Human Resources

b. Campus Director of Public Safety & Emergency Preparedness

c. Campus Director of Facilities

d. Executive Director Risk Management & Insurance, Systems Office

e. Vice President for Public Safety & Emergency Preparedness, Systems Office

## **Madison – Bloodborne Pathogens Exposure Control Plan Supplement**

This supplement is intended to provide campus specific guidance as an extension of the College-wide Bloodborne Pathogen Exposure Control Plan.

1. Sharps Disposal Containers
  - a. Location:

Sharps disposal containers are located within the Nursing Labs, and Medical Assisting Labs (2240, 2260, 2235) and the Biology Lab (2440).
  - b. Inspection and Maintenance:

Sharps disposal containers are monitored for overfill by Melissa Patrick, the administrative assistant in the Health Sciences Office and Matthew Adams, the Life and Physical Science Program Chair. Collection and replacement is performed by Tri-State Medical & Dental Waste (DeVillie Pharmacy & Medical Supply), 401 W. Eads Parkway, Suite 270, Lawrenceburg, IN.
  - c. Handling Procedures:

Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.
2. Engineering Controls & Work Practices
  - a. Body fluid spill clean-up kits are available in first aid kit locations and are checked monthly in accordance with the campus or site plan detail.
  - b. Security is equipped with and utilizes resuscitation bags and ventilation devices.
3. Plan Contact Information
  - a. Campus Executive Director of Human Resources
  - b. Campus Director of Public Safety & Emergency Preparedness
  - c. Campus Director of Facilities
  - d. Executive Director Risk Management & Insurance, Systems Office
  - e. Vice President for Public Safety & Emergency Preparedness, Systems Office

## **Sellersburg Campus – Bloodborne Pathogens Exposure Control Plan Supplement**

This supplement is intended to provide campus specific guidance as an extension of the College-wide Bloodborne Pathogen Exposure Control Plan.

1. Sharps Disposal Containers
  - a. Location:

Medical Laboratory Technician labs, EMT classrooms and nursing classrooms, and all men’s and women’s restrooms at both campus locations.
  - b. Inspection and Maintenance:

Sharps disposal containers are inspected and maintained or replaced by the Facilities and Maintenance Department monthly or whenever necessary to prevent overfilling.
  - c. Handling Procedures:

Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.
2. Engineering Controls & Work Practices
  - a. Body fluid spill clean-up kits are available in first aid kit locations and are checked monthly in accordance with the campus or site plan detail.
3. Plan Contact Information
  - a. Campus Executive Director of Human Resources
  - b. Campus Director of Public Safety & Emergency Preparedness
  - c. Campus Director of Facilities
  - d. Executive Director Risk Management & Insurance, Systems Office
  - e. Vice President for Public Safety & Emergency Preparedness, Systems Office

## Terre Haute – Bloodborne Pathogens Exposure Control Plan Supplement

This supplement is intended to provide campus specific guidance as an extension of the College-wide Bloodborne Pathogen Exposure Control Plan.

1. Sharps Disposal Containers
  - a. Location:

**Main Campus:** Sharps disposal containers are available within the Paramedic Sciences, Phlebotomy, Medical Laboratory Technology, Medical Assisting and Surgical Technology Labs.

**Tech Lab:** Nursing Labs (Room N112 and N112A)
  - b. Inspection and Maintenance:

**Main Campus:** Sharps disposal containers are inspected and maintained or replaced by the Program Faculty weekly or whenever necessary to prevent overfilling.

**Tech Lab:** Sharps disposal containers are inspected and maintained or replaced by the Nursing Program Chair.
  - c. Handling Procedures:

Sharps containers will be replaced when at three-quarters full. 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 and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.

**Main Campus: The site of collection for Medical waste monthly pick-up by Steri-cycle is a locked room with Steri-cycle provided containers.**

**Tech Lab: Facilities and Maintenance department are contacted for removal of the Sharps Containers. They are consolidated at the Main Campus site for Medical waste pick-up.**
2. Engineering Controls & Work Practices
  - a. Body fluid spill clean-up kits are kept in the custodial office on the **Main Campus and CWD; Faculty copy room at TechLab.**
  - b. Pocket Masks are located in the AED cabinets.
3. Plan Contact Information
  - a. Campus Executive Director of Human Resources
  - b. Campus Director of Public Safety & Emergency Preparedness
  - c. Campus Director of Facilities
  - d. Executive Director Risk Management & Insurance, Systems Office
  - e. Vice President for Public Safety & Emergency Preparedness, Systems Office