1.0 Purpose
The Bloodborne Pathogens Exposure Control Plan has been implemented to establish procedures to safely handle situations involving blood, other potentially infectious materials and contaminated sharps and to be in compliance with OSHA's Bloodborne Pathogen Standard (1910.1030) and Department of Safety and Professional Services (DSPS 32.15).

2.0 Scope
Employees exposed to blood or other potentially infectious materials will be required to comply with the requirements of Waukesha County Technical College’s Bloodborne Pathogens Exposure Control Plan.

3.0 Responsibilities
Environmental, Health and Safety Supervisor
- Implementation and maintenance of the Bloodborne Pathogen Exposure Control Plan.
- Conducting bloodborne pathogen training.
- Coordinating Hepatitis B vaccinations.
- Coordinating the disposal of bio-hazardous waste.
- Certifying the Bloodborne Pathogen Exposure Control Plan on an annual basis.

Privacy Officer
- Confidentially maintaining medical records pertaining to occupational exposures.

Associate Dean / Department Managers
- Ensuring employees and contractors comply with the requirements of the Bloodborne Pathogen Exposure Control Plan.
- Ensuring the required employees in their department complete Bloodborne Pathogen Training at the time of hire and annually thereafter.
- Taking appropriate actions when those individuals do not comply with this program.

Employees (covered under the Bloodborne Pathogen Exposure Control Plan)
- Comply with the requirements of the Bloodborne Pathogen Exposure Control Plan.
- Complete Bloodborne Pathogen training on an annual basis.
- Report bloodborne pathogen exposures to their Associate Dean / Manager and the Environmental, Health and Safety Supervisor.

Employees
- Comply with the requirements of the Bloodborne Pathogen Exposure Control Plan.

4.0 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. At this facility the following job classifications are in this category:

- Anatomy Physiology Instructor
- Phlebotomy Instructor
- Emergency Medical Service Instructors
- Delivery Driver for Emergency Medical Service
- Child Development Center Employees
- Barber / Cosmetology Instructors
- Clinical and Lab Instructors, all Health Occupation programs
- Microbiology Instructor
- Nursing Instructional Assistant
- Physical Science Assistant
- Environmental Health and Safety Coordinator
- Dental Hygiene Educational Assistant
- Dental Assistant Faculty
- Surgical Tech Faculty
- Medical Assistant Faculty
- Emergency Response Team Members

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 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 classifications and associated tasks for these categories are as follows:

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Task / Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities Services</td>
<td>• Clean up spills of blood or other potentially infectious materials.</td>
</tr>
<tr>
<td></td>
<td>• Disposal of bio-hazardous waste</td>
</tr>
<tr>
<td></td>
<td>• Assistant Facilities Director</td>
</tr>
<tr>
<td></td>
<td>• Building Supervisor</td>
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<tr>
<td></td>
<td>• Mechanic</td>
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<td></td>
<td>• Maintenance Helper</td>
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<tr>
<td></td>
<td>• Custodian</td>
</tr>
<tr>
<td></td>
<td>• Janitor</td>
</tr>
</tbody>
</table>

5.0 Compliance Methods
The following compliance methods have been implemented as part of Waukesha County Technical College’s Bloodborne Pathogen Exposure Control Plan to comply with OSHA’s and the Department of Commerce’s Bloodborne Pathogen Standard.

5.1 Universal Precautions
Universal Precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Engineering and work practice controls will be utilized to eliminate or
minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

5.2 Sharps Disposal Containers
will be puncture resistant, labeled or color-coded and leak proof on sides and bottom. These will be located in all areas where sharps are used. Sharp containers are located in the following areas:

Nursing Labs (H-202 / 204)
Laboratory Procedures Lab (H-208)
Medical Assistant Lab (H-216)
Human Simulator Lab (H-230)
EMS Equipment Bay (H-106)
Dental Hygiene Lab (S-204)
Dental Materials Lab (S-212)
Microbiology Lab/Prep (E-215 / 217)
Waukesha Campus Storage Room (WK-196)
Hazardous Waste Storage Locker

Sharps containers will be inspected once a week by a designated person in each area. The containers will not be allowed to become more than 2/3 full. When the container reaches this capacity it will be sealed and placed into a biohazard disposal container.

5.3 Biohazard Disposal Containers
Biohazard disposal containers will be puncture resistant, labeled or color coded and leak proof on sides and bottom and be able to be closed after each use. Biohazard disposal containers are located in the following areas:

Laboratory Procedures Lab (H-208)
Medical Assistant Lab (H-216)
Human Simulator Lab (H-230)
EMS Equipment Bay (H-106)
Dental Hygiene Lab (S-204)
Chemistry Lab/Prep (E-201 / 205)
Microbiology Lab/Prep (E-215/ 217)
Waukesha Campus Storage Room (WK -196)
Hazardous Waste Storage Locker

Biohazard disposal containers shall be inspected weekly by the department. The containers will not be allowed to overflow. When capacity is reached, Facility Services shall be contacted to transport the waste container to the Hazardous Waste Locker. The Safety Office will be notified of the transport by the individual initiating the request (Waste Disposal Request Form), to arrange for proper disposal.
5.4 Mechanical Devices
Mechanical devices such as tongs or dustpan and broom are available and should be used to pick up contaminated sharps and/or glass. These items are located in the janitor’s closets in each building.

5.5 Hand Washing Facilities
Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility hand washing facilities are located in all procedure areas, Labs, and in several areas on each floor.

Proper hand washing procedures include the use of warm water. Hands should be wetted and then soap applied to hands and wrists to reach any organisms that may have traveled above the hand. Scrub a minimum of 15 seconds. Rinse and dry hands and wrists thoroughly.

Supervisors 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. If employees incur exposures to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as feasible following contact.

5.6 Engineering and Work Practice Controls
Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are: needle-less IV systems, syringes with retracting or safety shielding needles and blunt IV catheters.

This facility identifies the need for changes in engineering control and work practices through the review of OSHA records, employee interviews and advisory committee input. We evaluate the need of procedures or new products by employee review of current procedures compared to new/updated standards and by product evaluation of test samples using a rating system to determine best practices for each department.

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 only permitted for the following procedures:

1. When needle has solely been used to draw a solution into the syringe and needs to be changed for administration to the recipient. A one handed technique will be used.
2. A mechanical device will be used for recapping uncontaminated needles used for lab practice.

5.7 Containers for Reusable Sharps
At this facility, reusable sharps are not in use.

5.8 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 countertops, or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting / suctioning of blood or other potentially infectious materials is prohibited.

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.

5.9 Specimens
Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collections, 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.

The standard provides for an exemption of the labeling/color-coding requirement for specimens provided that the facility utilizes universal precautions in the handling of all specimens and containers are recognized as containing specimens. This exemption will be utilized by this facility.

Any specimens that could puncture a primary container will be placed within a secondary container, which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

5.10 Contaminated Equipment
The department laboratory assistant or instructor is responsible for ensuring that 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 unless the decontamination of the equipment is not feasible.

5.11 Container Labeling
Containers of regulated bio-hazardous 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 shall be labeled with the universal biohazard symbol. The label shall be orange or orange-red with black writing. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

6.0 Personal Protective Equipment
The Environmental, Health and Safety Supervisor is responsible for ensuring that the following personal protective equipment (PPE) provisions are met.

- Personal protective equipment shall be readily accessible at the worksite.
- 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 membrane under normal conditions of use and for the duration of time which the protective equipment will be used.
- Personal protective equipment will be provided to employees through individual department budgets administered by the Associate Dean / Manager of that department.

The Associate Dean / Manager will be responsible for ensuring personal protective equipment protocol is followed by in their department.

When under rare and extraordinary circumstances, it was the employee’s professional judgment that, in the specific instance, its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker, the circumstances shall be investigated and documented in order to prevent such occurrences in the future.

All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designed area or container for storage, washing, decontamination, or disposal.

6.1 Gloves
Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or 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 this facility are not to be washed or decontaminated for reuse 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 may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, torn, punctured, or their ability to function as a barrier is compromised.

6.2 Eye and Face Protection
Eye and face protection shall be masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, required to be worn whenever splashed, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably anticipated.

6.3 PPE Cleaning, Laundering, Repair, Replacement and Disposal
The cleaning, laundering, repair, replacement and disposal of personal protective equipment will be provided by the employer at no cost to the employee.

7.0 Spill Response
Waukesha County Technical College’s Facilities Department will be responsible for handling the clean-up of a spill involving blood or other potential infectious bodily fluids. The following procedure will be used for the cleaning-up, disinfecting and disposing of a bloodborne pathogen spill.

1. Secure the area.
2. Notify the Service Desk or Facilities Services (262-691-5555 or Ext 5555) of the spill.
3. Facilities Services will obtain a Biohazard Spill Kit. Kits are located in the Mechanical Rooms.
4. Put on the appropriate personal protective equipment.
5. Follow the manufacturer’s directions on in the spill kit to clean-up and disinfect the area.
6. All waste from the spill should be placed in a biohazard waste bag and then place the bag into the nearest biohazard waste container. Contaminated sharps should be disposed of in an approved sharps disposal containers.
7. Immediately report any direct exposures to Associate Dean / Manager and the Environmental, Health and Safety Supervisor.
8. Replace the Bodily Fluid Spill Kit in the Mechanical Room.

Bio-hazardous material spill kits have been located throughout campus in the mechanical rooms.

8.0 Bio-hazardous Waste Disposal
The waste streams listed below are considered regulated medical / infectious waste streams and are to be disposed of in accordance with the disposal procedure outlined in this section.

- Blood-soaked bandages
Bloodborne Pathogen Exposure Control Plan

- Culture dishes and other glassware
- Discarded surgical gloves
- Discarded surgical instruments
- Discarded needles
- Cultures, stocks, swabs used to inoculate cultures
- Discarded lancets

8.1 Bio-hazardous Waste
Bio-hazardous waste which is pourable, drippable, and / or saturated shall be disposed of immediately or as soon as feasible in an approved bio-hazard waste container. Approved waste containers are able to remain closed when not in use, puncture resistant, leak proof and properly labeled. Containers shall be located so they are easily accessible, close to the immediate area where the waste is being generated, replaced routinely and not be allowed to overfill.

The following steps shall be followed for the disposal of full bio-hazard waste containers.
1. Don the appropriate PPE.
2. Check to make sure the container is sealed, not leaking, has no exposed waste or visible damaged.
3. Seal the container and contact Facilities Services to remove the full container and take it to the hazardous waste locker.
4. Replace existing container with a new container. Extra containers are located in the hazardous waste locker.

8.2 Contaminated Sharps
Contaminated sharps shall be disposed of immediately or as soon as feasible in approved sharps disposal containers. Approved sharps containers are able to remain closed when not in use, puncture resistant, leak proof, and properly labeled. Containers shall be located so they are easily accessible, close to the immediate area where the waste is being generated, maintained in the upright position, replaced routinely and not be allowed to overfill.

The following steps shall be followed for the disposal of full sharp containers.
1. Don the appropriate PPE.
2. Check to make sure the container is sealed, not leaking, has no exposed sharps or visible damaged.
3. Remove the full sharps container and dispose of it in a bio-hazard waste container.
4. Replace existing sharps container with a new sharps container.
5. If the bio-hazardous waste container is full, then follow the procedure for disposing of bio-hazardous waste containers.
Note: Disposal of all regulated waste shall be in accordance with applicable United States, State of Wisconsin (Wisconsin Department of Natural Resources), and local regulations. Refer to WCTC Procedure FAC 200-02 for waste disposal process.

**9.0 Housekeeping**
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 the end of the work shift if the surface may have become contaminated since the last cleaning. Surfaces may be covered with a disposable chux type covering during procedures, to assist in keeping surfaces free of contamination.

Decontamination will be accomplished by utilizing the following materials.

- Any EPA approved disinfectant that is a tuberculocidal agent or a one to ten part (1:10) bleach and water solution. The bleach solution will be made fresh prior to use and discarded weekly.

- Any broken glassware, which may be contaminated, will not be picked up directly with the hands. Tongs, forceps or brush and dustpan should be used and the material disposed of in a sharps container. This equipment should be cleaned and disinfected after contact with blood or other potentially infectious materials.

- 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 hand into the containers where these sharps have been placed.

**10.0 Laundry**
The following procedures will be used to handle laundry contaminated with blood or other potentially infectious materials.

- Contaminated laundry shall be handled as little as possible with a minimum of agitation.

- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

- Contaminated laundry shall be placed and transported in color-coded bags or containers that are properly labeled.

- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and / or leakage of fluids to the exterior.

- Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.
10.1 On-site Laundering
The following procedure shall be used for all contaminated laundry being laundered at Waukesha County Technical College.

1. Procedures outlined in Section 9.0 shall be followed.
2. Report the incident to the Associate Dean / Manager.
3. Associate Dean / Manager shall notify the Environmental, Health and Safety Supervisor (262-691-5226 or Ext. 5226) of the situation and items requiring laundering.
4. Environmental, Health and Safety Supervisor will notify the Fire / EMS Department (262-691-5541 or Ext. 5541) to arrange for laundering of the contaminated items in the extractor machine located in S-230.
5. Environmental, Health and Safety Supervisor will provide instructions and the department will transport the contaminated laundry to S-230.

10.2 Off-site Laundering
If contaminated laundry will be laundered off-site by an outside vendor, the following procedure shall be followed.

1. Procedures outlined in Section 9.0 shall be followed.
2. The department generating the contaminated laundry shall place such laundry in a color-coded bag or container that is properly labeled.
3. Place the bag / container next to the collection point for the laundry, **DO NOT** place in with the rest of the laundry.
4. Report the incident to the Associate Dean / Manager.
5. Associate Dean / Manager shall notify the Environmental, Health and Safety Supervisor (262-691-5226 or Ext. 5226) of the situation and items requiring laundering.
6. Environmental, Health and Safety Supervisor will notify the laundering vendor of the situation.

11.0 Hepatitis B Vaccine
The Hepatitis B vaccination series will be made available to employees having occupational bloodborne pathogen exposure. The vaccine and follow-up care are made available to employees as follows.

- Provided at no cost to the employee.
- Made available in a reasonable time and place.
- Performed under the supervision of a licensed healthcare physician.
- An accredited laboratory at no cost to the employee will conduct all laboratory tests.
- The hepatitis B vaccine will be made available to employees with the potential for occupational exposures upon the completion of bloodborne pathogen training and within 10 days of the assignment with potential of occupational exposure.

Employees who initially decline the Hepatitis B vaccination, but at a later date while still covered under the Bloodborne Pathogen Exposure Control decide to accept the vaccination, will be able to receive the vaccination at that time.
Employees will be required to sign Waukesha County Technical College's Hepatitis B Vaccine Acceptance Declination Form. A copy of this form is Appendix A of this program.

If the United States Public Health Service recommends a routine booster dose of Hepatitis B vaccine at a future date, such booster doses shall be made available.

12.0 Post-Exposure Evaluation and Follow-up

When there is a bloodborne exposure incident, it shall be immediately reported to the individual’s Associate Dean / Manager and the Environmental, Health and Safety Supervisor. The incident shall also be documented on a WCTC Accident Report.

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.

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless it can be established that the 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, the Environmental, Health and Safety Supervisor 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 blood for HBV and HIV will comply with the following:

- The exposed employee’s blood shall be collected as soon as feasible and tested after consent is obtained.
- The employee will be offered the option of having their blood collection for testing of the employees HBV/HIV 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. The Environmental, Health and Safety Supervisor shall ensure that the healthcare professional responsible for the employee’s treatment is provided with the following information.

- Copy of OSHA’s 29 CFR 1910.1030;
- Written description of the exposed employee’s duties as they relate to the exposure incident.
- Written documentation of the route of exposure and circumstance under which exposure occurred.
Results of the source individual's blood testing.
All medical records relevant to the appropriate treatment of the employee including vaccination status.

The Environmental, Health and Safety Supervisor shall obtain and provide the employee with a copy of the evaluation healthcare professional’s written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:
- A statement that the employee has been informed of the results of the evaluation.
- 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 finding or diagnosis shall remain confidential and shall not be included in the written report.

13.0 Training
The Environmental, Health and Safety Supervisor shall ensure that training is provided to those employees covered under the program at the time of initial assignment to tasks where occupational exposure may occur, and then an annual basis thereafter.

Employees will be required to sign-off on an acknowledgment form and complete the Bloodborne Pathogen Quiz to acknowledge they have completed and comprehend the training material.

Bloodborne Pathogen Training will consist of the following information.
- Overview of the OSHA’s Bloodborne Pathogen Standard
- General explanation of bloodborne diseases
- An explanation of the modes of transmission of bloodborne pathogens
- Exposure determination
- Universal Precautions
- Compliance methods
- Personal protective equipment
- Proper glove removal
- Housekeeping requirements
- Bio-hazardous & harps Waste Disposal
- Spill Response
- Contaminated Laundry
- Hepatitis B Vaccination
- Post exposure follow-up
- Bloodborne Pathogens Quiz
Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee’s occupational exposure.

14.0 Recordkeeping

14.1 Medical Records
Medical records and their maintenance as listed below are the responsibility of the Privacy Officer. These records will be kept in the Human Resources Department (C-210).

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:

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

14.2 Training Records
Training records and their maintenance as listed below are the responsibility of the Environmental, Health and Safety Supervisor. These records will be kept in the Human Resources Department (C-210).

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

- The dates of the training sessions.
- An outline describing the materials presented.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

15.0 Program Evaluation
The Environmental Health and Safety Supervisor is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed. Any updates or changes as a result of the evaluation will be documented in the Bloodborne Pathogen Exposure Control Plan Evaluation Log (Appendix C).
Appendix A
Definitions

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

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

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.
Needleless systems means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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 Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell
Bloodborne Pathogen Exposure Control Plan

blood or blood components.

**Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).
Appendix B
Waukesha County Technical College
Hepatitis B Vaccine Acceptance / Declination Form

Employees identified in the College’s Bloodborne Exposure Control plan as having an occupational exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. If the employee initially declines the Hepatitis B vaccine but at a later date, while still covered under the Bloodborne Exposure Control Plan, decides to accept the vaccination, the vaccination shall then be made available to them at no cost.

Please indicate below if you are accepting or declining the vaccine at this time. If you have any questions please feel free to contact the Environmental, Health and Safety Supervisor at (262) 691-5226 or Ext. 5226.

☐ I ACCEPT the Hepatitis B vaccine.

☐ I DECLINE the Hepatitis B vaccine.

☐ I have already received the Hepatitis B vaccine, therefore DECLINE.

☐ I DECLINE the Hepatitis B vaccine.

Employee Name: (Print)_________________________Employee ID: ____________________________
Job Title:_________________________________________Department:_________________________
Employee Signature:_____________________________Date:______________________________

Please forward completed forms to the Environmental, Health and Safety Supervisor (C-210D)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received, I am making an informed decision to accept the Hepatitis B (HBV) vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please forward completed forms to the Environmental, Health and Safety Supervisor (C-210D)
Appendix C
Bloodborne Pathogen Exposure Control Plan Evaluation Log

Waukesha County Technical College will review and update each section of the Bloodborne Pathogen Exposure Control Plan as needed on an annual basis. The last 3 years of program evaluations will be entered and maintained in the table below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Evaluator</th>
<th>Updates / Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/1/2009</td>
<td>J Scherer</td>
<td>No updates or changes made to the plan.</td>
</tr>
<tr>
<td>2/4/2011</td>
<td>J Scherer</td>
<td>The following sections were updated during the 2011 annual evaluation of the Bloodborne Pathogen Exposure Control Plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.0 Purpose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.0 Scope</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.0 Responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.0 Exposure Determination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.0 Compliance Methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.0 Spill Response Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.0 Laundry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.0 Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.0 Recordkeeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.0 Program Evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix A Hept B Acceptance / Declination Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All employees covered under the program will receive access to the updated program and the necessary changes will be covered in the annual training.</td>
</tr>
<tr>
<td>12/2/2011</td>
<td>J Scherer</td>
<td>The following sections were updated during the 2011 annual evaluation of the Bloodborne Pathogen Exposure Control Plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.0 Exposure Determination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Removed Fitness Center Attendant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Added Barber / Cosmetology Instructors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix A - Changed to Definitions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix B - Hepatitis B Vaccine Declination Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix C - Program Evaluation Log</td>
</tr>
<tr>
<td>11/5/12</td>
<td>J Scherer</td>
<td>The following sections were updated during the 2011 annual evaluation of the Bloodborne Pathogen Exposure Control Plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Entire Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Changed the title of the Environmental, Health and Safety Coordinator to Environmental, Health and Safety Supervisor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Added the Service Desk contact information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Confirmed Bio Waste and Sharp collection points.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.2 Sharps Disposal Containers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3 Biohazard Disposal Containers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated location of Bio waste and Sharps collection points from EMT Labs (H-231 / 233) to EMS Equipment Bay (H-106).</td>
</tr>
</tbody>
</table>