INTRODUCTION
This program applies to Eastern Washington University (EWU) personnel who may be exposed to bloodborne pathogens in performance of their job duties. Bloodborne pathogens may pose a threat to human health or the environment if not handled properly and employees have the right to know and understand the biohazardous materials they use and how to work with them safely. It is the intent of the EWU that all biohazardous materials are recognized, stored, and safely used.

The Environmental Health and Safety (EH&S) Department assists departments on campus with the safe management of biohazardous materials that are generated during department operations.

This procedure is supported by information provided in the Biohazard Control Biological Waste Procedure, Occupational Exposure Control Plan and the Occupational Post-Exposure Evaluation. The forms to assist with documentation of biohazardous agents are the Hepatitis B Vaccine Declination Form and the Incident Report Form.

PURPOSE
This plan is intended to provide a means for protecting those employees occupationally exposed to blood or other potentially infectious materials (OPIM) that may contain bloodborne pathogens, and to comply with WAC 296-823. Occupational exposure means that the individual has reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of assigned duties.

OCCUPATIONAL EXPOSURE TO BLOOD: WAC 296-823-100
Employees in the following job classifications at Eastern Washington University (EWU) have been identified as performing tasks that could involve occupational exposure to blood or OPIM. Any job classification that has the potential to be exposed to blood or OPIM must comply with procedures set forth in WAC 296-823.

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<tr>
<th>Campus Police</th>
<th>EH&amp;S</th>
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<tr>
<td>Custodians</td>
<td>Electricians (High Voltage)</td>
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<td>Plumbers</td>
<td>Swimming Pool Life Guards</td>
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<td>Athletics (Coaches, Athletic Trainers, )</td>
<td>Dental Hygiene</td>
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<td>*All Employees Who Have Reasonably Anticipated Exposure</td>
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Exposure Control Plan: WAC 296-823-11010

Each department that contains job classifications with the potential exposure to blood or OPIM must develop and implement a written Exposure Control Plan (Attachment 1). The plan must eliminate or minimize employee exposure in the workplace, be reviewed and updated annually, and reflect new or modified tasks and procedures which affect occupational exposure. A copy of the exposure control plan should be accessible to each employee in the workplace. If an exposure incident occurs,
a Post Exposure Evaluation (Attachment 2) and follow-up must be conducted by the individual’s supervisor. The incident must be documented on an Incident Report Form.

The Bloodborne Pathogen rule requires that you establish and maintain a Sharps Injury Log to record all contaminated sharps injuries in a facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

The Sharps Injury Log needs to do all of the following:
- Maintain sharps injuries separately from other injuries and illness kept on the Injury and Illness Log required by WAC 296-27, Recordkeeping
- Include ALL sharps injuries that occur during a calendar year
- Be retained for 5 years beyond the completion of that calendar year

**AND**
- Preserves the confidentiality of affected employees.
- Send all information regarding Sharp Injuries to Environmental Health and Safety.

**Note:** Environmental Health and Safety will maintain the Log.

Department supervisors are responsible for ensuring that copies of plans, exposure evaluations, reports, are sent to Environmental Health and Safety (EH&S), 101 Huston Hall. Electronic copies available at EH&S website http://access.ewu.edu/HRRR/Environmental-Health-and-Safety.xml.

**Training: WAC 296-823-120-12015**

Training for bloodborne pathogens is provided by EH&S for departments and supervisors. Training is required for new employees before assigning tasks where occupational exposure may occur. Training should be repeated at least annually and anytime a new process or procedure is introduced. Training records must be kept for a minimum of 3 years from the training date. Departments are responsible for keeping training records and a copy must be sent to EH&S.

**Hepatitis B Virus (HBV) Vaccinations: WAC 296-823-13005**

Hepatitis B vaccinations are available to all employees who have or may have occupational exposure. The vaccination series must be available to an employee within 10 days of initial assignment. Departments are responsible for scheduling employees to receive the hepatitis series of vaccinations. Any employee refusing to obtain the hepatitis B vaccination is required to sign a Hepatitis B Vaccine Declination Form (Attachment 3).

**Control Employee Exposure: WAC 296-823-14065**

It is the responsibility of all employees to use appropriate equipment and safety devices to eliminate or minimize exposure. Supervisors should design work practices that reduce the risk of contamination to employees, and general public by adhering to the following guidelines.
• Make sure employees do not bend, recap, or remove contaminated needles or other contaminated sharps from containers unless there is no feasible alternative or it’s required by a specific medical or dental procedure.

• Make sure that contaminated reusable sharps are placed immediately, or as soon as possible after use, in appropriate containers until decontaminated.

• Make sure all procedures involving blood or OPIM are performed so splashing, spattering, and generation of droplets are minimized.

• Make sure all containers are labeled appropriately with the biohazard symbol.

• Make sure employees utilize proper hygiene, to include hand washing.

• Make sure eating; drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are **prohibited** in work areas where there is occupational exposure.

• Make sure food and drink are **not** kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where there is a potential for exposure to blood or other OPIM.

• Make sure employees are **prohibited** from pipetting or suctioning of blood or other OPIM.

• Make sure specimens of blood or other OPIM are in an appropriate container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

• Make sure to examine equipment which could be contaminated with blood or OPIM before servicing or shipping and decontaminate the parts and equipment prior to servicing or shipping unless not feasible. Attach an easily seen biohazard label to the equipment stating which portions remain contaminated.

• Make sure regulated waste is handled consistent with applicable regulations.

• Make sure laundry contaminated with blood or OPIM is handled consistent with applicable regulations.

• Make sure work site is maintained in a clean and sanitary manner through implementation of written schedules for cleaning and disinfecting applicable facility locations and employees responsible for cleanup of blood or OPIM have disinfectants available to clean and decontaminate surfaces and appropriate equipment.

**Personal Protective Equipment: WAC 296-823-15030**

The EH&S Department and supervisors must make sure employees use and are provided appropriate personal protective equipment (PPE) where there is the possibility of an occupational exposure. Gloves, safety glasses, eye protection, face shields, appropriate protective clothing, resuscitation masks, and any items that do not allow potentially infectious materials from reaching the employees skin are examples of PPE.
Post Exposure: WAC 296-823-160-16030

Each department that contains job classifications with the potential exposure to blood or OPIM must make sure employees who have been exposed to blood or OPIM have the appropriate confidential post-exposure medical evaluation and follow-up available as required by WAC 296-823-16005.

- Make sure a test of the employee’s blood for HBV and HIV is completed as soon as is feasible after getting their consent. If consent is not given this must be documented. When the law does not require the employee’s consent, their blood, if available, must be tested and the results documented.
- Make sure if the employee’s blood is tested the results of the test are given to the employee.
- Make sure the exposed employee is informed of applicable laws and regulations regarding disclosure of the identity and infection status of the source person.
- Make sure to provide information to the health care professional evaluating the person after an exposure incident including: a copy of WAC 296-823-160; a description of the job duties the exposed employee was performing when exposed; documentation of the routes of exposure and circumstances under which exposure occurred; results of the source person’s blood testing, if available; and all medical records that the University is responsible for maintaining relevant to the appropriate treatment of the employee, including vaccination status.
- Make sure you obtain and provide a copy of the health care professional’s written opinion on post-exposure evaluation to the employee involved within fifteen days of the completion of their evaluation.

Medical Records: WAC 296-823-170

Employee health files are maintained by EH&S. It is imperative that all medical documentation pertaining to an employee’s: Occupational Exposure to Bloodborne Pathogens; Hepatitis B vaccination status, name and employee number; ability to receive vaccinations; HBV declination statement; medical examination results, medical testing, and follow-up procedures related to post-exposure evaluations, and copies of health care professional’s written opinions are sent to EH&S for inclusion in the individuals file. Medical information is not to be kept by departments. Employee medical records must be kept confidential and not be disclosed without employee’s consent unless required by law.

Associated Documents
- BioHazard Control Biological Waste
- Exposure Control Plan
- Post Exposure Evaluation

Associated Forms
- Hepatitis B Vaccine Declination Form
- Incident Report Form
REVISION HISTORY

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