Panola College EMS Training Program

Bloodborne Pathogen Exposure Control Plan

Provided as a public service by
OSHCON
Occupational Safety and Health Consultation Program
Texas Department of Insurance, Division of Workers' Compensation

Publication No. HS03-006A(01-06)
Revised 6/27/2024

The policies and procedures contained in the Panola College EMS Training Program Bloodborne Pathogen Exposure Control Plan have been approved by the following officials of Panola College.

Miranda Hagans
Miranda Hagans
Chair of Emergency Medical Sciences

7/11/2024
Date

Natalie Oswalt
Natalie Oswalt
Dean of Career and Technical Programs

7/11/2024
Date

Jessica Pace
Dr. Jessica Pace
President

7/18/2024
Date

Jeffrey McWilliams, MD
Medical Director

7/11/2024
Date

Bloodborne Pathogen Exposure Control Plan

29 CFR 1910.1030
Bloodborne Pathogen Exposure Control Plan
Table of Contents

Bloodborne Pathogen Exposure Control Plan
for
Panola College EMS Training Program

I. OBJECTIVE

The objective of the Panola College EMS Training Program Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

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

B. Bodily fluids means 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.

C. Other potentially infectious materials means any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

II. BACKGROUND

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

III. ASSIGNMENT OF RESPONSIBILITY

A. Texas Infection Control Officer

Miranda Hagans shall manage the Bloodborne Pathogen Exposure Control Plan for Panola College EMS Training Program and maintain all records pertaining to the plan.

B. Program Administration

Panola College EMS Training Program will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no additional

cost to the employees or students. Panola College EMS Training Program management will ensure proper adherence to this plan through periodic audits.

C. Instructors and Administration

Instructors and Administration shall themselves follow and ensure that their students are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

D. Students

Students are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this plan. Students are also responsible for reporting all exposure incidents to the supervisor of the clinical/field area in which the rotation is being done and Miranda Hagans, Infection Control officer immediately.

E. Guest Instructors and Clinical Instructors

Contract employees shall be responsible for complying with this plan, and shall be provided the training described herein by Miranda Hagans.

IV. EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infections materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by Miranda Hagans. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment.

A. Category I

Job classifications in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. Miranda Hagans shall maintain a list of these types of jobs and the locations in which the work will be performed (see Appendix A).

B. Category II

Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category II. Miranda Hagans shall maintain a list of these types of jobs and the locations in which the work may be performed (see Appendix B).

These lists shall be updated as job classifications or work situations change.

V. IMPLEMENTATION SCHEDULE AND METHODOLOGY

A. Compliance Methods

1. Universal precautions

Universal precautions shall be used at Panola College EMS Training Program to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

2. Engineering Controls

The engineering and work practice controls listed below shall be used to minimize or eliminate exposure to employees at Panola College EMS Training Program.

a. Sharps containers at each learning station using sharps
b. All needles are safety needles, no recapping.
c. Blunt fill needles used when appropriate.
d. Needle safety education

The following schedule shall be followed to review the effectiveness of the engineering controls.

a. These controls will be reviewed daily when setting up for lab exercises.

b. Annual review of new equipment and/or technologies present at the workplace; and

c. Each instructor has the responsibility to review the effectiveness of each control.

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

3. Needles

Contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

4. Containers for Reusable Sharps

Contaminated sharps are not reused in our program.

5. Sharps Injury Log

A needlestick or sharps injury log (see Appendix C) shall be maintained (for employers that keep records under 29 CFR 1904), and shall include the following information for each incident:

a. period of time the log covers;
b. date incident is entered on the log;
c. date of incident;
d. type and brand of device involved;
e. department or area of incident; and
f. description of incident.

The log shall be retained for five years after the end of the log year.

6. Hand Washing Facilities

Hand washing facilities shall be made available and readily accessible to all employees who may incur exposure to blood or other potentially infectious materials. Where hand washing facilities are not feasible, Panola College EMS Training Program will provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. Such areas include:

a. Alcohol based hand sanitizer is kept in the classroom and lab at all times with paper towels. Students are permitted and encouraged to go to the restroom and wash their hands after all lab tasks.

When these alternatives are used, employees shall wash their hands with soap and running water as soon as feasible.

7. Work Area Restrictions

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

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

All processes and procedures shall be conducted in a matter that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

a. Wear appropriate PPE during lab skills and clinical and field rotations.

8. Specimens

Each specimen of blood or other potentially infectious material shall be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen.

Specimen containers shall be labeled or color-coded in accordance with the requirements of the OSHA standard.
Any specimens that could puncture a primary container shall be placed within a secondary puncture-resistant container. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that will prevent leakage during handling, processing, storage, transport, or shipping of the specimen.

9. Contaminated Equipment

Miranda Hagans shall ensure that equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment shall be decontaminated, unless decontamination is not feasible. Contaminated equipment shall be tagged and labeled as such.

10. Personal Protective Equipment (PPE)

a. PPE Provision

Miranda Hagans shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

A list of personal protective equipment and associated tasks for Panola College EMS Training Program can be found in Appendix D of this plan.

b. PPE Use

Miranda Hagans and EMS Instructors shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgement, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the Infection Control Officer shall investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

c. PPE Accessibility

Miranda Hagans shall ensure that appropriate PPE in the necessary sizes is readily accessible in the lab or is available at no additional cost to students. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those students who are allergic to the gloves normally provided.

d. PPE Cleaning, Laundering and Disposal

All PPE shall be cleaned, laundered, and disposed of by clinical/field location employer when in rotations at no cost to the students.

All garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible. All PPE shall be removed before leaving the work area.

When PPE is removed, it shall be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.

e. Types of PPE

i. Gloves

Disposable gloves are not to be washed or decontaminated for re-sue, and are to be replaced as soon as possible when they become contaminated. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) shall be replaced immediately or as soon as feasible.

ii. Eye and Face Protection

Masks worn in combination with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can

reasonably be anticipated to contaminate an employee's eye, nose, or mouth. Situations at Panola College EMS Training Program where eye and face protection is required include:

a) Endotracheal intubations
b) Traumatic bleeding incidents or Medical bleeding incidents
c) Childbirth
d) Other calls when splashes, splatters, or droplets seem possible

iii. Other PPE

Additional protective clothing (gowns, aprons, exposure suit, or similar outer garments) shall be worn in instances when gross contamination can reasonably be expected. The following situations require additional protective clothing:

a) When deemed necessary by EMS professional at the scene (hazmat areas, infectious areas, etc.

B. Housekeeping

This facility shall be cleaned and decontaminated regularly and as needed in the event of a gross contamination. See Appendix E for cleaning schedule and required cleaning materials. All contaminated work surfaces, bins, pails, cans, and similar receptacles shall be inspected and decontaminated regularly as described in Appendix E.

Any potentially contaminated glassware shall not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.

C. Regulated Waste Disposal

Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

1. Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps shall remain upright throughout use, shall be easily accessible to employees, and shall be located as close as

feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas). Miranda Hagans shall replace sharps containers routinely and not allow them to overfill.

When moving sharps containers 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. Sharps containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents, and shall prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

(Effective March 21, 2000, all Texas employers must manage medical waste according to the Texas Commission on Environmental Quality (TCEQ), Texas Administrative Code, Subchapter Y, Medical Waste Management Standards, § 330.1001-330.1010. For information on medical waste, contact TCEQ at www.tceq.texas.gov or at 512-239-1000)

2. Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage, transportation, or shipping.

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

D. Laundry

Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such laundry shall be placed in appropriately marked bags (biohazard labeled or color-coded bags) at the location where it was contaminated. Contaminated laundry shall not be sorted or rinsed in the area of contamination.

No contaminated laundry is done at Panola College EMS Training Program as all lab procedures do not include any reasonable threat of mass contamination with BBP. Laundry worn by the student in the clinical or field site that becomes grossly contaminated should be washed at the facility it was contaminated in using that company's laundering policy.

VI. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up

A. General

Panola College EMS Training Program requires the Hepatitis B vaccine/series and titer be completed prior to clinical/field rotations for all students. Panola College EMS Training Program provides post-exposure follow up to students who have experienced an exposure incident.

Miranda Hagans shall ensure that all medical evaluations and procedures involved in the post-exposure follow up, including prophylaxis are:

1. made available to students/employee at no cost when necessary;
2. made available to the student/employee at a reasonable time and place;
3. performed by or under the supervision of a licensed physician or other licensed healthcare professional; and
4. provided in accordance with the recommendations of the United States Public Health Service.

An accredited laboratory shall conduct all laboratory tests at no cost to the student/employee.

B. Hepatitis B Vaccination

1. Category I- students

The Hepatitis B vaccination may be required prior to entering clinical/field rotations. It is the responsibility of the student to obtain all required vaccinations for the Panola College EMS Training Program.

All students who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix F), as required by OSHA. This vaccination may be required for entrance to clinical and field rotations by the EMS and Hospital affiliates. If the student refuses and cannot complete the clinical/field portion of the program, they will not be eligible for completion and certification testing.

2. Category II Employees

The Hepatitis B vaccination series shall be made available and administered to Category II employees no later than 24 hours after an exposure incident (as per OSHA Letter of Interpretation, November 1, 2000). All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix F).

C. Post-Exposure Evaluation and Follow Up

All students/employees must report all exposure incidents to the supervisor of the clinical/field area in which the rotation is being done and Miranda Hagans immediately or within 24 hours. Miranda Hagans shall investigate and document each exposure incident. Following a report of an exposure incident, the exposed student/employee shall immediately receive a confidential post-exposure evaluation and follow up, to be provided by Healthcare Provider/Laboratory of where the patient from exposure was transported. The post-exposure evaluation and follow up shall include the following elements, at a minimum:

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.

2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

3. The source individual's blood shall be tested and documented as soon as feasible and after consent is obtained (if consent is required) in order to determine HBV and HIV infectivity. If consent cannot be obtained, Miranda Hagans shall establish and document that legally required consent cannot be obtained.

4. When the source individual is already known to be infected with the Hepatitis B virus (HBV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated.

5. Results of the source individual's testing shall be made available to the exposed employee/student, and the employee/student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

6. The exposed employee/student's blood shall be collected as soon as feasible and tested after consent is obtained.

7. The exposed employee/student shall be offered the option of having their blood tested for HBV and HIV serological status. The blood sample shall be preserved for up to 90 days to allow the employee/student to decide if their blood should be tested for HBV and HIV serological status.

Names of employees that contract HIV, Hepatitis, or tuberculosis shall not be recorded on the OSHA 300 log.

D. Information Provided to the Healthcare Professional

After an exposure incident occurs, Miranda Hagans shall ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination, as well as

the healthcare provider providing the post-exposure evaluation, if different, are provided with the following:

1. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentially requirements contained therein;
2. a written description of the exposed employee/student's duties as they relate to the exposure incident;
3. written documentation of the route of exposure and circumstances under which the exposure occurred;
4. results of the source individual's blood testing, if available; and
5. all medical records relevant to the appropriate treatment of the employee/student, including vaccination status.

E. Healthcare Professional's Written Opinion

Miranda Hagans shall obtain and provide the exposed employee/student a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for the employees/students, and if the employee/student has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up shall be limited to ONLY the following information:

1. a statement that the employee/student has been informed of the results of the evaluation; and
2. a statement that the employee/student has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

Other findings or diagnosis resulting from the post-exposure follow up shall remain confidential and shall not be included in the written report.

VII. Labels and Signs

Panola College EMS Training Program does not house, store or ship any biohazardous waste in/to/from the college.

VIII. Training

Miranda Hagans shall ensure that training is provided prior to clinical and field rotations begin. Training shall be repeated every 12 months for employees, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training shall be tailored to

the education level and language of the affected employees/students, and offered during the normal work shift. Training shall be interactive and shall include:

A. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard;

B. a discussion of the epidemiology and symptoms of bloodborne diseases;

C. an explanation of the modes of transmission of bloodborne pathogens;

D. an explanation of Panola College EMS Training Program Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan;

E. a description and recognition of tasks that may involve exposure;

F. an explanation of the use and limitations of the methods employed by Panola College EMS Training Program to reduce exposure (such as engineering controls, work practices, and personal protective equipment);

G. information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;

H. an explanation of the basis of selection of personal protective equipment;

I. information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits);

J. instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

K. an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;

L. information on the post-incident evaluation and follow up required for all exposure incidents; and

M. an explanation of signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

IX. Recordkeeping

A. Medical Records

Miranda Hagans shall maintain medical records as required by 29 CFR 1910.1020 in locked filing cabinet in her office. All records shall be kept confidential and shall be retained for at least the duration of employment/EMS education plus 5 years.

Miranda Hagans shall also ensure that all contracts with ***Healthcare Professional/Laboratory Name*** for Hepatitis B vaccinations and post-exposure evaluations and follow ups stipulate any OSHA recordkeeping and retention requirements.

Medical records shall include:

1. name and social security number of the employee;
2. a copy of the employee's HBV vaccination status, including the dates of vaccination;
3. a copy of all results of examinations, medical testing, and follow-up procedures; and
4. a copy of the information provided to the healthcare professional, including a description of the employee/student's duties as they relate to an exposure incident, and documentation of the routes and circumstances of an exposure.

B. Training Records

Miranda Hagans shall maintain training records for 5 years from the date of training. Records shall be kept in locked filing cabinet in Miranda Hagans' office, and shall include:

1. the dates of the training sessions;
2. an outline describing the material presented;
3. the names and qualifications of persons conducting the training; and
4. the names and job titles of all persons attending the training sessions.

C. Availability of Records

Whenever an employee (or designated representative) requests access to a record, Panola College EMS Training Program shall provide access to said employee/student's records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee/student (or designated representative) will only be given access to his or her own records.

D. Transfer of Records

If Panola College EMS Training Program ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, Miranda Hagans shall contact the Director of the National Institute for Occupational Safety and Health (NIOSH) three months prior to cessation of business for instruction on final disposition of the records.

E. Evaluation and Review

Miranda Hagans shall review this Bloodborne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the work place.

Appendix A

Category I Job Classification/Expected Exposure List

Panola College EMS Training Program

6/26/2024

At Panola College EMS Training Program, the following job classifications are expected to incur occupational exposure to blood or other possibly infectious materials:	
Job Classification	**Department/Location**
EMT student	Clinical and field locations
Paramedic student	Clinical and field locations

Appendix B

Category II Job Classification/Possible Exposure List

Panola College EMS Training Program

6/26/2024

At ***Company Name***, the following job classifications may incur occupational exposure to blood or other possibly infectious materials during certain tasks or procedures:

Job Classification	Task/Procedure	Department/Location
Skill instructors	Assisting in skill instruction with needles, medications, and sharps and student field check points	EMS skill lab/ EMS clinical and field location
Clinical Instructors	Assisting in skill instruction with needles, medications, and sharps and student field check points	EMS skill lab/ EMS clinical and field location

Appendix C

Sharps Injury Log

Panola College EMS Training Program ***For Period Ending:*** _____

Date Entered	Date & Time of Incident	Type & Brand of Device	Department or Work Area Where Incident Occurred	Description of Incident

Retain Until _____ (five years after end of log year)

Appendix D

Personal Protective Equipment/Task List
Panola College EMS Training Program
6/26/2024

Job Classification	Task/Procedure	Type of PPE to be Used	PPE to be Issued By
EMT student Paramedic student	All patient contact	Universal precautions	Clinical affiliate
EMT student Paramedic student	All tasks where droplet exposure is possible and/or spray of blood is possible (intubations, major bleeding, productive coughing)	Universal precautions and eye covering and mask	Student and clinical affiliate
EMT student Paramedic student	Possible mass exposure to contaminant	Contaminate suit	Clinical affiliate

Appendix E

Cleaning and Decontamination Schedule
Panola College EMS Training Program
6/26/2024

The following schedule describes work areas at Panola College EMS Training Program that should be decontaminated, decontamination frequency and method, and required types of cleaning.

Work Area/Equipment	Cleaning and Decontamination Frequency	Type of Cleaners or Supplies to be Used	Method of Cleaning to be Used	Responsible Person
All lab equipment	After each use	Aseptic wipes	Wipe	Instructor of course using equipment