Southeastern Louisiana University
Department of Kinesiology and Health Studies
Athletic Training Education (ATE)

**Exposure Control Plan**

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910. 1030. the following exposure control plan, for the ATE has been developed:

A. **PURPOSE**

The purpose of this exposure plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;


This does not substitute for individual agency ECP - for which students and faculty are held responsible.

B. **DEFINITIONS**


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

**Blood borne 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 Blood borne 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 Control** means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the Blood borne 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 potential infectious materials that results from the performance of an employee's duties.

**Hand washing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot 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.

**Job Classification having occupational exposure** means all faculty and students in Southeastern Louisiana University Department of Kinesiology and Health studies in Athletic Training Emphasis.

**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**

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, saliva in dental procedures, any blood 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 of HBV.

**Parenteral** means piercing mucous membranes or the skin's barrier through such events as needle sticks, human bites, cuts and abrasions.

**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 potentially infectious materials.

**Source individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employees.

**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 Blood borne 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).

**C. RESPONSIBILITIES**

**Management Responsibilities**

1. Provide an Exposure Control Plan

2. Ensures the availability of appropriate personal protective equipment to all employees who are exposed to blood or other potentially infectious materials.

3. Develops and implements a written schedule for cleaning and methods of decontaminations as provided for in ATE Safety Manual.
4. Ensures waste is disposed of according to appropriate guidelines.

5. Provides for post exposure evaluation and follow-up after reported exposure incident.

6. Provides continuing education to faculty, staff, and students.

7. Provides protocol for reporting of exposure incidents within 24 hours to appropriate personnel.

8. Maintains health and continuing education records as required by OSHA.


10. Complies with SLU-ATE health requirements.

**Student Responsibilities**

1. To be knowledgeable of and comply with Exposure Control Plan of SLU-ATE.

2. Complies with OSHA regulations at affiliated agencies.

3. Properly uses and disposes of required PPE and equipment when performing exposure prone tasks.


5. Immediately reports exposure incidents to faculty.

6. To be knowledgeable of and comply with the ATE Safety Manual for School Laboratories.

7. Complies with SLU-ATE health requirements.

This policy has been developed from the School of Nursing at SLU which obtained guidance from various national organizations and academic health care institutions. It should be considered flexible and subject to updates as new and additional knowledge is acquired.

Transportation of infectious waste is coordinated through the office of safety and hazardous waste.
D. ENGINEERING & WORK PRACTICE CONTROLS

a. Needles/sharps will not be bent, recapped, broken or reused.

b. All contaminated needles/sharps shall be disposed of immediately after use in a puncture proof container provided for that purpose.

c. Contaminated reusable sharps shall be placed in an appropriate container until properly reprocessed. These containers must be puncture resistant, appropriately labeled and/or color coded and leak proof on sides and bottom.

d. Recapping of needles prior to administration of medication must not employ a two handed technique.

E. IMPLEMENTATION SCHEDULE AND METHODOLOGY

A. Compliance Methods

Universal precautions will be observed at this faculty in order to prevent contact with blood or potentially infectious materials. All blood or other potentially infectious materials 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 control, personal protective equipment shall also be utilized. Engineering controls may include, but are not limited to, the following:

1. Contaminated needles and other contaminated sharps will not be bent, recapped, broken or reused.

2. All contaminated needles/sharps shall be disposed of immediately after use in a puncture-proof container provided for that purpose.

3. Contaminated reusable sharps shall be placed in an appropriate container until properly reprocessed. These containers must be:

   a) puncture resistant.

   b) labeled and/or color-coded appropriate with the standard.

   c) leak-proof on the sides and bottom.

   d) containers that are moved from one location to another must have fully sealable caps.
B. Disposable procedures

Non-sharp infectious waste is placed in a designated infectious waste container; label with a biohazard sticker. Sharps containers are considered full when they are 2/3 full and must be disposed of at that time.

C. Protection for Handlers of Infectious Waste

Individuals who transport infectious waste shall be instructed in the proper procedures for handling and transporting infectious waste. Training shall be documented.

D. Safe/Work practices

Safe work practices which alters the manner in which a task is performed will be implemented whenever possible to eliminate or reduce the potential for employee exposure.

E. Personal Protective Equipment (PPE)

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

If a garment is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as possible. All PPE shall be removed prior to leaving the work area. When PPE is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

1. Gloves must be worn when it can be reasonably anticipated that there will be exposure to blood, body fluids, mucous membranes or non-intact skin of any patient. They will be worn when engaging in the following procedures: invasive procedures including fingersticks, phlebotomy, arteriotomy, initiation/discontinuing IV therapy, digital/instrumental examination of respiratory, GI or GU tracts, when examining non-intact skin such as cuts, lesions or chafed hands or dermatitis.

2. Considerations for selection of disposable gloves: gloves should be of appropriate size, material (hypoallergenic as needed) and quality.

3. The use of gloves does not exclude the necessity for hand washing.

4. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or soon as feasible if they are torn, punctured, or when there ability function as a barrier is compromised.
5. Disposable (single use) gloves shall not be washed or decontaminated for use.

6. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

Appropriate PPE will be available to faculty/students exposed to infectious materials. PPE includes, but is not limited to gloves, gowns, lab coats, face shields, or mask, and goggles. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees’ clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

1. All students and faculty must carry a change of clothing or second uniform/lab coat with them during all clinical assignments.

2. Uniforms, lab coats and other apparel that is soiled with blood or other body fluid must be handled as contaminated laundry.

3. Appropriately labeled BIOHAZARD bags must be used to contain and transport contaminated apparel.

4. If contamination is not observed or evident until apparel is removed, it must be handled as contaminated laundry.
   a. In the clinical agency, remove it immediately upon notice, if feasible and have it decontaminated by the clinical facility.
   b. When removed at home, wash the item as a single item in hot water and bleach solution.
   c. For faculty/students in non-clinical or nontraditional health care settings, apparel must be removed, appropriately bagged and transported.

F. Laundering of Uniforms & Lab Jackets or other non-PPE apparel.

1. Processing of contaminated apparel should be done by the clinical agency.

2. In situations as described in 4b above, the contaminated apparel must be washed as a single item in hot water and bleach.
G. Worksites

Worksites will be maintained in a clean and sanitary condition. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, faculty/students are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. 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.

H. Other Protective Practices

If a faculty member/student's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible. In addition, workers must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, other hand washing measures must be employed, such as towelettes. Faculty/students still must wash with soap and water as soon as possible.

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard. 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.

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 of the specimen. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

In. Housekeeping

All equipment and environmental and working surfaces shall be cleaned and decontaminated with appropriate disinfectant solution.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps.
POST EXPOSURE EVALUATION AND FOLLOW UP

Students should report any incident considered to place them at risk (needle stick, puncture or cut from a potentially contaminated source) to faculty and to the appropriate clinical agency personnel. Faculty/student exposure incidents must be reported to the appropriate campus director on the Hammond campus within 24 hours of the exposure incident. Students should report immediately for treatment of the exposure incident according to the clinical agency protocol. A copy of the incident report should be brought to the campus director as soon as possible so that appropriate action can be initiated.

Summary of actions taken when an exposure incident occurs:

1. Report the incident to faculty/clinical agency.
2. Secure immediately medical attention/testing.
3. File required paperwork.
4. Post exposure follow up according to OSHA Guidelines.

Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred:

a. Identification and documentation of the source individual unless the employer can establish that identification is infeasible or prohibited by the state or local law.

b. The source individual's blood shall be tested as soon as feasible in accordance with Federal Register 29 CFR Pt. 1910.1030 (Occupational Exposure to Blood Borne Pathogens).

Post exposure prophylaxis will be provided when medically indicated, Counseling and evaluation of reported illnesses:

Post exposure follow up and record keeping will be according to OSHA Guidelines.

Communications of Hazards to Faculty/Students Education regarding hazards and warning labels are discussed in the educational program for faculty and students. Additional information regarding biohazard warning labels can be found in the Department of Kinesiology Health and Safety Manual.

Student and faculty health records are maintained in separate files from performance records.