Section 5. Bloodborne Pathogen Exposure Control Plan
(WAC 296-823), Hepatitis Vaccine Declination Form

Contents

5.1 Introduction ................................................................................................................... 5-1
5.2 Exposure Control Plan .................................................................................................. 5-1
  5.2.1 Employees Covered ............................................................................................... 5-1
  5.2.2 Engineering and Work Practice Controls .............................................................. 5-1
  5.2.3 Personal Protective Equipment (PPE) ................................................................. 5-2
  5.2.4 Disposal of Materials Contaminated with Bloodborne Pathogens and OPIMs .... 5-3
  5.2.5 Training Requirements ....................................................................................... 5-3
  5.2.6 Hepatitis B Vaccination and Post-Exposure Follow-Up ....................................... 5-4
  5.2.7 Recordkeeping .................................................................................................. 5-5
5.3 Hepatitis B Vaccine Declination ................................................................................... 5-6

5.1 Introduction
This exposure control plan covers all custodial employees and employees performing sewer maintenance work. These employees are determined to have reasonably anticipated occupational exposure to bloodborne pathogens or other potentially infectious materials (OPIMs) such as blood or other bodily fluids.

The purpose of this plan is to eliminate or reduce an employee's exposure to bloodborne pathogens. Bloodborne pathogens are pathogenic microorganisms that may be present in human blood or OPIMs and can cause disease in humans. These include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

5.2 Exposure Control Plan
5.2.1 Employees Covered
Employees listed below are determined to have a reasonably anticipated occupational exposure to bloodborne pathogens or OPIMs.

- Custodians
- Employees performing sewer maintenance work

5.2.2 Engineering and Work Practice Controls
Listed below are engineering and work practice controls designed to minimize employee exposure. If the risk of exposure remains after engineering controls are in place, personal protective equipment also shall be used.
• Employees who have a risk of exposure should follow universal precautions, which are defined as an approach to infection control where all human blood and OPIMs are treated as if they are infected.

• Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIMs.

• Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

• When provision of hand washing facilities is not feasible, employees should be provided with antiseptic hand cleaner and paper towels.

• Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure.

• Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benches where blood or OPIMs are present.

• All procedures involving blood or OPIMs shall be performed in such a manner as to minimize splashing, spraying, and generation of droplets of these substances.

• Disinfect and store all tools, PPE, and materials in a manner that will not provide a potential for future exposure.

• Contaminated surfaces shall be decontaminated with a 1:10 dilution of household bleach as soon as feasible after contamination with blood or OPIMs occurs.

5.2.3 Personal Protective Equipment (PPE)

• PPE for employees designated to provide first aid.
  - Latex gloves
  - Eye protection (safety glasses or face shield if splatter is anticipated)
  - CPR mask

• PPE for custodial workers when cleaning commodes, urinals, and showers
  - Waterproof or latex gloves
  - Eye protection if splatter is anticipated
  - PPE for employees involved in sewer maintenance
  - Eye protection if splatter is anticipated
  - Waterproof gloves (latex gloves should not be worn when using a drain auger)
  - Coveralls
  - Rubber boots

• Re-usable PPE, such as utility gloves, should be washed, then disinfected with a 1:10 dilution of household bleach. They must be discarded if they are cracked, peeling, torn, punctured, or when their ability to function as a barrier is compromised.
• Immediately remove defective PPE from service. Employees shall notify their supervisor of any defective PPE.
• All PPE shall be removed prior to leaving the work area.
• PPE such as coveralls shall be bagged at the location where it was used. It should be laundered separately from other clothes.
• Disposable latex gloves should not be washed or reused.

5.2.4 Disposal of Materials Contaminated with Bloodborne Pathogens and OPIMs
Trained personnel shall dispose of contaminated sharps or other contaminated material.
• Contaminated materials should not be placed in trash receptacles.
• Sharps must be placed in a container specifically designed for their disposal.
• Contact an EH&S representative for instructions for disposal of biohazard waste.

Containers used for disposal of contaminated material must prevent leakage of fluids during handling, storage, transport, or shipping.
Warning labels shall be affixed to containers of biological waste.
• The labels shall contain the biohazard legend.
• The labels shall be fluorescent orange or orange-red, with lettering and symbols in contrasting colors.
• Labels shall be affixed in a manner that prevents their loss or unintentional removal.

Biohazard bags shall be provided for disposal of visibly contaminated or potentially contaminated items such as gloves, gauze and bandages.

5.2.5 Training Requirements
All employees with occupational exposure to bloodborne pathogens or OPIMs shall participate in a training program:
• At the time of their initial assignment to tasks where occupational exposure may take place
• Annually thereafter
Training shall include:
• A general explanation of the epidemiology and symptoms of bloodborne diseases.
• An explanation of the modes of transmission of bloodborne pathogens.
• An explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan.
• An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs.
• An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

• Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

• Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that it will be administered free of charge.

• Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs.

• An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be available.

• Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

• An explanation of the signs and labels and/or color coding required.

• An opportunity for interactive questions and answers with the person conducting the training session.

Training records shall include the following information:

• The dates of the training sessions.

• The contents or a summary of the training sessions.

• The name and qualifications of the person conducting the training session.

• The names and job titles of the persons attending the training session.

• Training records shall be maintained for three years from the date on which the training occurred.

5.2.6 Hepatitis B Vaccination and Post-Exposure Follow-Up

The hepatitis B vaccination series will be available, without cost, to all employees who have occupational exposure and who wish to receive the vaccination series. Employees who are at risk of BBP exposure should be tested for antibodies to the Hepatitis B virus one to two months after the completion of the three-dose vaccination series. Employees who decline to accept the Hepatitis B vaccination series shall sign the statement in Section 5.3.

If an exposure incident is reported, a medical evaluation shall be provided immediately to the exposed employee. The employee’s supervisor should contact Benefit Services on the Pullman Campus to initiate a confidential physician visit.

The evaluation shall document the routes of exposure and the circumstances under which the exposure occurred.

If possible, the source individual for the exposure should be identified and tested to determine the presence of an HIV or HBV infection. Results of the testing shall be made available to the
exposed employee and the employee shall be informed of applicable laws and regulations regarding disclosure of the identity and infectious status of the source individual.

Post exposure follow-up should include evaluation for Hepatitis C virus and treatment for HIV as deemed appropriate by the examining physician.

A log must be kept of BBP exposures which includes:

- Engineering controls in use at the time,
- Work practices followed,
- A description of the device in use at the time of exposure,
- Protective clothing or equipment in use at the time of exposure,
- Location,
- Procedure being performed when the incident occurred,
- The employee’s training,
- Recommendations for avoiding such exposure incidents in the future.

### 5.2.7 Recordkeeping

Accurate records will be maintained and shall comply with section six requirements for each employee with an occupational exposure. The records shall include:

- The name and social security number of the employee.
- A copy of the employee’s hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccination.
- A copy of all the results of examination, medical testing, and follow-up procedures.
- The employer’s copy of the healthcare professional’s written opinion of the exposure.
- A copy of the information provided to the healthcare professional.
- Employee medical records shall be kept confidential and not disclosed or reported without the employee’s express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- Records shall be made available on request to the Director of the Department of Labor and Industries.
- Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Director of the Department of Labor and Industries.
- Medical records shall be provided upon request for examination and copying to the subject employee, or to the Director of the Department of Labor and Industries.
- Medical records shall be maintained by the employer for the duration of the individual’s employment plus thirty years.
5.3 Hepatitis B Vaccine Declination

WSU Tree Fruit Research and Extension Center
Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

You have given me the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself.

However, I decline 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.

☐ I have already received the hepatitis B vaccination series.

__________________________________
Employee’s Name (Print)

__________________________________
Employee’s Signature

__________________________________
Date