

*SUNY Cortland - Environmental Health and Safety Office  
Service Group, Room 108  
P.O. Box 2000  
Cortland, NY 13045  
607-753-2508*



**SUNY CORTLAND  
ENVIRONMENTAL HEALTH  
AND SAFETY OFFICE**

***EXPOSURE CONTROL PLAN  
(BLOODBORNE PATHOGENS PROGRAM)***

*PROGRAMS, POLICIES, AND PROCEDURES*

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# Contents

1. Introduction.....	1
2. References.....	1
3. Definitions.....	1
4. Responsibilities.....	2
5. Exposure Determination.....	3
6. Control Measures.....	3
7. Hepatitis B Vaccination.....	7
8. Post-exposure Evaluation and Follow-up.....	7
9. Training.....	9
10. Medical Records.....	10
Appendix A – Table 1.....	11
Affected Job Classifications and Associated Job Titles.....	11

# Policy Title Here

## 1. Introduction

This document is SUNY Cortland's Exposure Control Plan. It is designed to eliminate or minimize exposures to bloodborne pathogens (BBPs) in accordance with the Occupational Health and Safety Administration's (OSHA) Bloodborne Pathogens regulation. A copy of this plan and associated records will be made available to employees, employees' representatives, and representatives of the appropriate regulatory agency upon request.

Employees who have occupational exposures to BBPs are required to observe the requirements and safe work practices outlined in this plan. Job classifications, associated job titles, and tasks/procedures associated with the job classifications are listed in Table 1 on page 11.

The Environmental Health and Safety (EHS) Office will review this plan at least annually and make updates when:

- a) new or modified tasks and procedures are identified;
- b) new or different employee exposures occur; or
- c) deficiencies are identified during EHS Office inspections.

Compliance with the requirements and stipulations of this program will be verified by the EHS Office during routine inspections and annual reviews. Employees should contact the EHS Office at [environmentalhealth@cortland.edu](mailto:environmentalhealth@cortland.edu) or at extension 2508 for questions or assistance with implementing this plan.

## 2. References

- Occupational Health and Safety Administration, Bloodborne Pathogens (29 CFR 1910.1030)
- SUNY Cortland's Hypodermic Needle and Syringe Program
- SUNY Cortland's Personal Protective Equipment Program
- SUNY Cortland's Waste Management Program
- SUNY Cortland's Workers' Compensation Injury/Illness Reporting Policy and Procedures

## 3. Definitions

**Blood** – In this plan, blood means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** – Disease-causing microorganisms in human blood. Bloodborne pathogens include, but are not limited to, hepatitis B virus, hepatitis C virus, and human immunodeficiency virus.

**Exposure** – Eye, skin, mucous membrane or injection-related contact with blood or other potentially infectious material.

**Other Potentially Infectious Material (OPIMs)** – For campus exposures, OPIMs include, but are not limited to, semen, vaginal fluids, and any body fluid that is visibly contaminated with blood.

**Universal Precautions** – are standards used to prevent the spread of **bloodborne pathogens**, such as Hepatitis C, HIV, and other potentially infectious materials (OPIM). These pathogens are spread through direct or indirect contact, transmission of droplets in the air, and vector borne transmission.

#### **4. Responsibilities**

**EHS Office** – The EHS Office is responsible for:

- a) reviewing and updating this plan;
- b) evaluating this plan's effectiveness;
- c) preparing an exposure determination; c
- d) conducting hazard assessments;
- e) providing bloodborne pathogen training; and
- f) maintaining and providing records pertaining to this plan.

**Employees** – Employees must observe the requirements and guidelines outlined in the plan. This includes:

- a) engaging in safe work practices at all times;
- b) wearing appropriate personal protective equipment;
- c) promptly reporting unsafe conditions to department supervisors or the EHS Office; and
- d) promptly reporting work-related injuries, illnesses, and exposures to bloodborne pathogens.

**Human Resources Office** – The Human Resources Office is responsible for:

- a) promptly contacting the EHS Office about exposure incidents;
- b) maintaining Employee Injury, Illness, Medical Emergency Reports; and
- c) assisting with arrangements for confidential post-exposure medical evaluations and follow-ups.

**Supervisors** – Supervisors are responsible for assisting with scheduling bloodborne pathogen training for their employees. This training must be scheduled prior to employees starting their job assignments. Supervisors must also:

- a) help maintain a safe work environment;
- b) ensure that employees wear appropriate personal protective equipment;
- c) assist with correcting unsafe conditions or reporting unsafe conditions to the EHS Office; and

- d) ensure employees report work-related injuries, illnesses, and exposures to bloodborne pathogens.

## **5. Exposure Determination**

The EHS Office, in consultation with other campus offices, routinely evaluates tasks and responsibilities for which occupational exposures to human blood and OPIMs exist. In instances where exposures exist or are significant, the EHS Office prepares a list of affected job classifications, titles, and tasks/procedures associated with the job classifications, and includes the affected employees in SUNY Cortland's Exposure Control Plan. Current job classifications, associated job titles, and tasks/procedures associated with the job classifications are listed in Table 1 on page 11. Protocol for eliminating or minimizing exposures to bloodborne pathogens is outlined in Section 6 of this plan.

## **6. Control Measures**

Control methods to eliminate or minimize exposures to bloodborne pathogens include: observing Universal Precautions;

- implementing engineering and work practice controls;
- using personal protective equipment;
- implementing good housekeeping; and
- observing department-specific procedures.

These methods are discussed further in this section. To ensure that medical devices used to control health care related exposures remain effective, the EHS Office will annually document that safer medical devices have been investigated. The EHS Office will solicit input from both supervisors and employees for these investigations.

### **Universal Precautions**

Employees should exercise the utmost care and implement appropriate controls for blood and OPIMs. Blood and OPIMs should be treated as infectious. Employees should contact the EHS Office for assistance with identifying materials that are potentially infectious.

### **Engineering and Work Practice Controls**

**Washing Hands, Skin, Eyes, and Mucous Membranes** – Hand washing facilities are available in every campus building. Employees should wash their hands with soap and water immediately, or as soon as possible, after removing gloves or following contact with blood and OPIMs. The following protocol should be observed for washing one's hands:

- Remove jewelry and wrist watches. If an automatic or foot operated faucet is not available, use a paper towel to turn on the water and adjust the temperature to warm.
- Wet hands to above the wrists, lather up with soap, and keep hands below the elbows.
- Wash all areas of hands and wrists. Interlace fingers to scrub between them. If hands were exposed to blood or OPIMs, scrub beneath the fingernails with a nail brush.
- Rinse hands well. Remember to repeat soaping and washing if hands were exposed to blood or OPIMs.
- Dry hands thoroughly with a paper towel, and then dispose of it in a trash container. An air-drying unit can also be used for drying hands. Use a new paper towel to turn off the water faucet (if necessary), and dispose of it in a trash container.

When hand washing facilities are not available, employees should use hand sanitizer and then wash their hands when access to a hand washing facility becomes available.

Employees should flush skin or mucous membranes with water immediately, or as soon as possible, after contact exposures. When eye contact exposures occur, employees should flush their eyes using an eyewash unit for 15 minutes. For eye, open skin, (e.g., cuts, sores), mucous membrane or contaminated sharps exposures, employees should promptly seek medical attention and complete an Employee Injury, Illness, Medical Emergency Report (Form WC-1) as outlined in SUNY Cortland's Workers' Compensation Injury/Illness Reporting Policy and Procedures. Information on post-exposure evaluation and follow-up is discussed further in Section 8.

**Contaminated Needles and Sharps** – At a minimum, gloves should be worn when handling contaminated needles and sharps. Care should be exercised so as not to bend, recap or remove needles. When it becomes necessary to recap a needle, a one-handed technique should be used. Contaminated needles and sharps should be placed in a properly labeled sharps container. Sharps containers should never be filled to capacity and, except during immediate use, sharps containers should be closed. Safe work practices for hypodermic needles and syringes are discussed further in SUNY Cortland's Hypodermic Needle and Syringe Program. Additionally, protocol for disposal of sharps is outlined in Section 5 of SUNY Cortland's Waste Management Program under the sub-heading Regulated Medical Waste.

**Blood Specimens** – Observe the following handling, storage, labeling, and disposal practices:

- Place in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

- Containers of blood specimens for storage, transport, or shipping must have a biohazard label.
- Containers that become contaminated must be placed in a secondary container that prevents leakage. The secondary container should have a biohazard label.
- If a blood specimen can puncture the primary container, the primary container should be placed in a puncture-resistant secondary container. The secondary container should have a biohazard label.
- Dispose of waste as outlined in SUNY Cortland's Waste Management Program under the sub-heading Regulated Medical Waste.

**Other Safe Work Practices** – Observe the following handling, storage, labeling, transporting, and disposal practices for blood and OPIMs:

- Wear appropriate personal protective equipment. Required and recommended personal protective equipment is summarized in department hazard assessments.
- Eliminate or avoid practices that can result in skin, eye, inhalation, ingestion, and injection exposures.
- Eliminate or minimize splashing, spraying, spattering, or generating droplets.
- Do not eat, drink, apply cosmetics or lip balm, or handle contact lenses where there is a potential for exposure.
- Do not pipette by mouth.
- Do not store food and drink in refrigerators, freezers, shelves and cabinets, or on countertops or benchtops where blood or OPIMs are present.
- Place blood and OPIMs in red biohazard bags. Labeling requirements for red biohazard bags are discussed further in Section 5 of SUNY Cortland's Waste Management Program under the sub-heading Regulated Medical Waste.
- Place a biohazard label on refrigerators, freezers, and containers used to store blood and OPIMs. Biohazard labels are discussed further in Section 5 of SUNY Cortland's Waste Management Program under the sub-heading Regulated Medical Waste.
- Regularly inspect and decontaminate containers used for blood and OPIMs. Decontamination should include treatment with a freshly-made, 10 percent bleach solution or other EPA-approved disinfectant cleaners. Bleach solutions should be disposed of after decontaminating containers.
- Surfaces and equipment that become contaminated with blood or OPIMs should be decontaminated immediately. Decontamination should include treatment with a freshly-made, 10 percent bleach solution or other EPA-approved disinfectant cleaners. Bleach solutions should be disposed of after decontaminating surfaces or equipment.

- Contaminated broken glassware should never be picked up directly by hands. Materials such as a brush and dust pan, tongs, or forceps should be used to clean up contaminated glassware.
- Transport red biohazard bags and containers with blood and OPIMs to campus-approved storage locations in substantial leak-proof and properly labeled secondary containers with a tight-fitting lid. Only campus vehicles should be used to transport red biohazard bags and containers with blood and OPIMs. Campus approved storage locations are identified in Section 5 of SUNY Cortland's Waste Management Program under the sub-heading Regulated Medical Waste.

## **Personal Protective Equipment (PPE)**

Requirements, information, and guidelines on PPE are discussed in detail in SUNY Cortland's Personal Protective Equipment Program and in department hazard assessments. Minimum personal protective equipment for exposures to blood and OPIMs should consist of gloves and eye protection; however, PPE might also include gowns, lab coats, face shields, masks, and other devices for eliminating or controlling exposures.

Employees must wear appropriate PPE to eliminate or control exposures to blood and OPIMs. Employees should refer to their department hazard assessment for guidance on PPE selection. If employees are not certain of what PPE to use, they should contact their supervisor or the EHS Office for assistance. In rare and extraordinary circumstances when the use of PPE might impair the delivery of health care or public safety services, an employee may decline to use PPE. Situations of this nature will be investigated and documented by the EHS Office.

PPE contaminated with blood or OPIMs must be removed immediately, or as soon as conditions are advantageous. Contaminated PPE should be disposed of in red biohazard bags or placed in a designated location for washing or decontamination. While contaminated single-use gloves must be disposed of after use, heavy duty gloves may be reused provided they are decontaminated, inspected for integrity, and do not exhibit cracks, punctures, or other signs of degradation. It is important to mention that contaminated PPE and clothing must never leave the work area until it is washed or decontaminated. In instances where contaminated clothing is picked up and cleaned by a professional laundry service, contaminated clothing must be placed in a bag and labeled to indicate the contents are contaminated with blood or OPIMs.

## **Housekeeping**

Work areas must be maintained in a clean, orderly, and sanitary condition. Surfaces, containers, and equipment that become contaminated should be decontaminated immediately. Decontamination should include treatment with a freshly-made, 10



percent bleach solution or other EPA-approved disinfectant cleaners. Bleach solutions should be disposed of after responding to incidents involving decontaminating surfaces.

## **Department-specific Procedures**

Department-specific procedures have been developed for handling exposures and situations involving blood and OPIMs. These procedures are maintained in the departments for those job classifications listed in Table 1 on page 11. These procedures are regularly reviewed and updated appropriately.

## **7. Hepatitis B Vaccination**

The hepatitis B vaccination series will be made available to all employees who have occupational exposures to blood and OPIMs. Employees will not incur the cost of the vaccination. In accordance with the OSHA Bloodborne Pathogens regulation, the EHS Office will make a copy of this regulation available to the health care professional that provides the hepatitis B vaccination series, if it is necessary.

Arrangements for the hepatitis B vaccination will be made after employees receive exposure control plan training and within 10 working days of initial assignment unless:

- a) the vaccination series was previously received;
- b) antibody testing reveals that the employee is immune;
- c) medical reasons prevent taking the vaccination; or
- d) the employee chooses not to take the vaccination.

Employees will be given a Hepatitis B Vaccination Request/Waiver Form during training (see form on page 12). If an employee decides to receive the hepatitis B vaccination, the EHS Office or department supervisors will assist with scheduling the vaccination series. In instances where the vaccination is initially declined, an employee may receive the vaccination in the future if the decision is changed. Completed Hepatitis B Vaccination Request/Waiver Forms are maintained in the EHS Office.

## **8. Post-exposure Evaluation and Follow-up**

Immediately following an exposure incident, an employee should seek medical attention. The employee's supervisor should also be made aware of the exposure incident promptly. As soon as it is advantageous, the employee and supervisor should complete the following documents after the exposure incident:

- a) Employee Injury, Illness, Medical Emergency Report (Form WC-1); and
- b) Exposure Incident Report (contact the EHS Office for assistance with obtaining these documents).

These documents should then be sent to the EHS Office within eight hours of the exposure incident. The employee should also remember to call the Accident Reporting System at 1-888-800-0029 as indicated on the Employee Injury, Illness, Medical

Emergency Report form. If the incident involves an injury from contaminated sharps, the EHS Office will record the information in a sharps log. This log will indicate:

- a) date of the incident;
- b) type of device;
- c) brand of device;
- d) area where the incident occurred; and
- e) a description of how the incident occurred.

The sharps log will not supply information on the identity of the affected employee.

Upon receiving notification of an exposure incident, the EHS Office will assist with arranging for a confidential post-exposure medical evaluation and follow-up. These arrangements will augment medical attention that the exposed employee might have received immediately following the exposure incident. The post-exposure medical evaluation and follow-up will include:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure occurred.
2. Identification of the source individual, unless this identification is not feasible or prohibited by state law.
3. Testing of the source individual's blood as soon as it is feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, it will be documented that legally required consent could not be acquired. 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's blood is already known to be infected with HBV or HIV, testing for HBV or HIV status need not be repeated. Results of this testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
4. Testing the exposed employee's blood for HBV and HIV status as soon as feasible after consent is obtained from the employee. If the employee consents to baseline blood collection, but does not consent for HIV testing, the sample will be preserved for at least 90 days in the event that the employee decides to have the baseline sample tested.
5. Post-exposure treatment when medically indicated, counseling, and evaluation of reported illness.

Aside from assisting with arranging for a confidential post-exposure evaluation and follow-up, the EHS Office and the Human Resources Office will coordinate providing the

following information to the health care professional evaluating the employee after an exposure incident:

- a) a copy of the OSHA Bloodborne Pathogen Standard;
- b) a description of the exposed employee's duties related to the exposure incident;
- c) routes and circumstances of exposure;
- d) results of the source individual's blood testing, if available; and
- e) all medical records relevant to the appropriate treatment of the employee, including vaccination status.

Within 15 days after the completion of medical evaluations, the EHS Office will provide the employee with a copy of the health care professional's written opinion. The written opinion for the hepatitis B vaccination will be limited to whether the employee requires or has received the vaccination. The written opinion for post-exposure evaluation will be limited to verification that the employee has been informed of the results of the evaluation, and that the employee has been informed of any medical conditions resulting from exposure to blood or OPIMs which require further evaluation or treatment. All other findings or diagnoses will remain confidential and not be included in the written report.

## **9. Training**

BBP training is provided to affected employees prior to initial assignment and at least annually thereafter. Employees also obtain additional training when:

- a) new tasks or exposures are introduced into job assignments; or
- b) when it is determined that additional training is necessary.

Employees are given an opportunity to ask questions during training sessions. Job classifications and associated job titles for which BBP training is required are summarized in Table 1 on page 11.

The following is discussed during BBP training:

1. How to access the OSHA Bloodborne Pathogen Standard and SUNY Cortland's Exposure Control Plan, and an explanation of the contents of these documents.
2. An explanation of bloodborne diseases, modes of transmission, and methods for recognizing tasks and activities that may involve exposure to blood and OPIMs.
3. Control methods for preventing or reducing exposures to blood and OPIMs.
4. Signage and labeling associated with SUNY Cortland's exposure control plan.
5. PPE selection, including information on types of PPE, proper use, storage, decontamination, and disposal.

6. Information on the Hepatitis B vaccine, including its safety, benefits, and methods of administration. Employee will also be told that the vaccination will be offered free of charge.
7. Emergency contact information for exposures to blood and OPIMs.
8. Protocol for reporting exposure incidents.
9. Information on post-exposure medical evaluations and follow-ups.

Training records are maintained in the EHS Office for at least three years. Training records include:

- a) the dates of training sessions;
- b) a summary of what was covered during the training session;
- c) the names and qualifications of persons conducting the training; and
- d) job titles of persons attending the training session.

Training records are made available to employees, employees' representatives, and representatives of the appropriate regulatory agency upon request.

## **10. Medical Records**

The EHS Office, with assistance from the Human Resources Office, maintains occupational health and safety medical records for employees. Medical records include:

- a) employee's name and social security number;
- b) a copy of the employee's hepatitis B vaccination status, including the dates of the vaccinations and records relative to the employee's ability to receive the vaccination;
- c) records related to post-exposure evaluations and follow-up;
- d) the health care professional's written opinion related to post-exposure evaluations and follow-up; and
- e) a copy of exposure incident information provided to health care professionals as outlined in Section 8 of this plan.

Medical records are kept confidential and are not disclosed or reported to any person, except the subject employee, without the subject employee's written consent. When written consent from the subject employee is obtained, medical records will be provided upon request to individuals and representatives of the appropriate regulatory agency.

The EHS Office will maintain medical records for the duration of one's employment plus 30 years. In the event that the campus ceases doing business and there is no successor employer, the EHS Office will promptly notify the appropriate regulatory agency for guidance on how to handle these records.

## Appendix A – Table 1

### Affected Job Classifications and Associated Job Titles

<b>Job Classifications</b>	<b>Associated Job Titles</b>	<b>Tasks/Procedures</b>
Athletics	Store Clerk II, Equipment Room	Handling laundry contaminated with blood and OPIMs.
Child Care Center	Director and Assistant Director Administrative Assistant Teacher and Teacher Aide Kitchen Aide	First aid treatment. Changing diapers. Clean-up of blood and OPIMs.
Communication Disorders and Sciences	Clinic Director Assistant Clinic Director Audiology Coordinator Clinical Supervisors Student Clinicians	Potential exposures to blood and OPIMs.
Custodial Services	Cleaner Janitor Supervising Janitor	Clean-up of blood and OPIMs. Potential exposure to sharps.
Ice Arena	Arena Manager	Exposures to blood from cuts.
Kinesiology	Athletic Trainer Instructional	Exposure to blood and OPIMs from treating cuts, wounds, and injuries. CPR and AED response. Potential exposure to sharps.
Maintenance	General Mechanic Maintenance Assistant Plumbers HVAC	Plumbing-related exposures to blood and OPIMs.
Student Health Service	College Physician Nurse 1 and 2 Nurse Practitioner Physician Assistant	Exposures to blood and OPIMs from patient care. Exposure to sharps.
Transportation	Bus Driver	Clean-up of blood and OPIMs. Potential exposure to sharps.
University Police	Assistant Chief Chief Investigator Lieutenant Officer Pedestrian Safety Aide Security Services Aide	Law enforcement related exposures to blood and OPIMs. Potential exposure to sharps.

## Appendix B – Waiver Form

# ***SUNY Cortland Hepatitis B Request/Waiver Form***

*Please complete one of the following:*

## **Waiver for Hepatitis B Vaccination**

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) infection. 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 I have not already been vaccinated. If in the future I continue to have occupational exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## **Request for Hepatitis B Vaccination**

Please arrange for me to receive the hepatitis B vaccination series as part of SUNY Cortland's Exposure Control Plan which is intended to protect workers exposed to blood and other potentially infectious materials.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Environmental Health and Safety Office