EXPOSURE CONTROL PLAN FOR
BLOODBORNE PATHOGENS

Procedure No. 2     Effective October 15, 1995
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A. All CSCC employees have an affirmative duty to maintain a workplace and educational environment which is safe and where the risk of incurring an infection is minimized. Bloodborne pathogens are microorganisms that live in certain bodily fluids and which can cause serious illness or death, such as hepatitis B, hepatitis C, and HIV. This procedure sets forth work practices that are directed at protecting employees from health hazards associated with exposure to bloodborne pathogens and other potentially infectious agents.

1. It is the department administrator’s responsibility to ensure that all employees with reasonably anticipated exposure to blood or other bodily fluids follow all procedures to prevent contact with these potentially infectious materials, as detailed in this section of the Employee Safety Manual. Appendix A in this section lists job classifications in which employees have reasonably anticipated occupational exposure to blood and other potentially infectious materials. Appendix B in this section lists tasks and procedures wherein such occupational exposures could occur.

2. Only those employees trained and authorized in the proper clean up of blood, bodily fluids and other potentially infectious materials shall attempt to clean such a spill. All other employees will isolate the area and call the Physical Plant or the Public Safety Department.

B. The college’s Exposure Control Plan will be reviewed and updated annually to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. The college will document consideration and use of appropriate and effective safer medical devices such as hypodermic needles, scalpels, and intravenous introducers; the college will also document the methods used to evaluate those devices and justification for the eventual selection of products. Documentation of this review will be maintained by the Director of Human Resources.
C. Standard Precautions

All employees will adhere to the Standard Precautions approach of infection control. "Standard Precautions" refers to the use of barrier devices and other techniques to prevent direct skin or mucous membrane contact with blood or other bodily fluids. These precautions should be applied to blood and bodily fluids of ALL persons and during any activity where there is the possibility of exposure to blood or other bodily fluids.

D. Personal Protective Equipment

1. Appropriate Personal Protective Equipment (PPE) will be supplied by the college. PPE includes but is not limited to gloves, gowns, face shields, goggles, facemask, cap or hood, and shoe covers. Disposable PPE is preferred; if equipment is reusable, the college will clean, launder, repair, or replace the equipment to maintain its effectiveness during use.

2. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to the employee's clothes, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

3. All personal protective equipment must be removed prior to leaving the work area. If personal protective equipment is penetrated by blood or other potentially infectious materials, the personal protective equipment must be removed immediately or as soon as feasible and disposed of appropriately.

4. Disposable medical-grade gloves must be worn at all times when it can be reasonably anticipated that the employee would be in contact with blood or other bodily fluids; when touching another person’s mucous membranes, or non-intact skin; when handling or processing any bodily fluids or products; when performing phlebotomy, fingersticks, or other vascular access procedures; when touching items contaminated with blood or bodily fluids or products; when cleaning up spills of the above products; when providing First Aid or nursing treatments; or when the employee has chapped hands or other abrasions/lesions of the hands and might be in contact with these situations.

(a) Wash hands before putting on gloves.
(b) Gloves must be made of medical-grade latex or non-latex products such as vinyl or neoprene. Employees with a suspected latex allergy or sensitivity must be evaluated by a medical professional to determine latex sensitivity level; a physician’s examination might be necessary. Employees with a latex sensitivity or allergy
will be provided latex-free gloves, counseling concerning other
equipment or products containing latex, and strategies for
controlling contact with latex.

(c) Gloves used in patient care situations must be disposed of between
patient contact or immediately if they are torn, punctured, or when
their ability to function as a barrier is compromised.

(d) Gloves must be fresh and free of cracks, discoloration, punctures,
or other defects.

(e) Gloves must be disposable; they may not be washed or disinfected
for re-use.

(f) Gloves must fit the hand snugly. If possible, they should be placed
to fit over the sleeve cuff.

(g) Gloves must be removed prior to handling non-contaminated items
such as telephones or computers, and when leaving the client care
area.

(h) Employees must wash their hands with soap and water
immediately after glove removal.

5. Fluid-impervious gowns, aprons, coveralls, or lab coats must be worn during
all tasks or procedures that are likely to generate spills, sprays, or splashes of
blood or bodily fluids. Such personal protective clothing should be
disposable.

(a) Disposable impervious items must be fresh and clean, and free
from stains or contaminants.

(b) Some disposable impervious items such as lab coats are intended
to be worn more than once, and can only be laundered if they are
not contaminated with potentially infectious material. Otherwise
they must be discarded. Most disposable impervious items are
intended for single use. These and non-impervious cover gowns
must be discarded immediately after each client contact.

(c) When removing any gown, apron, coverall, or lab coat, use a
removal technique wherein cloth that might be contaminated with
blood or bodily fluids does not contact the skin or mucous
membranes, as demonstrated during your initial Bloodborne
Pathogens training.
6. Protective eyewear such as face shields or goggles plus mask must be worn to protect the eyes and mucous membranes of the nose and mouth during procedures that are likely to generate sprays or splashes of blood or other bodily fluids. Face shields provide adequate protection by themselves; goggles plus facemask are a paired unit, and neither can be worn without the other.

(a) Shields or goggles plus facemask must protect from fluid splashes or sprays from any direction, not just from straight-on.
(b) Disposable shields and masks are to be discarded after a single use.
(c) Reusable goggles and masks are to be disinfected using approved techniques after contamination with blood or bodily fluid.
(d) Shields, goggles, and masks must be fresh and clean, and free from stains, contaminants, or defects.

7. Surgical caps or hoods and/or shoe covers will be worn in instances when blood or bodily fluids could contaminate hair or shoes.

E. Safer Medical Devices

1. The college must use medical devices that will not jeopardize employee safety or be medically inadvisable, and will make an exposure incident involving a contaminated sharp medical device less likely to occur.

2. The college will solicit input from non-managerial employees who routinely use sharp medical devices regarding the evaluation and selection of effective safer medical devices. The college will document the evaluation and selection process, including the names of employees involved in the process.

3. Selected devices must include safety features which would reduce or eliminate the possibility of a sharps-related injury. Selected devices could include syringes with a sliding sheath that shields the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters; intravenous (IV) medication delivery systems that use a catheter port with a needle housed in a protective covering; or IV medication systems which administer medication or fluids through a catheter port using non-needle connections (needleless system).

F. Engineering and Work Practice Controls

1. Handwashing
   (a) Employees are required to wash their hands with soap and running water before and after any client contact, immediately after any possible contamination with blood or other bodily fluids; after handling and collecting lab specimens and collection containers; and before and after removal of gloves or other personal protective equipment.
(b) If handwashing facilities are not readily available, obtain an alternative antiseptic hand cleanser prior to initiating the procedure, for use before initiation and after completion of the procedure. Wash hands with soap and water as soon as it is available.

2. Handling of Sharps and Contaminated Non-sharp Equipment

(a) Deposit used disposable syringes, scalpels, pipettes, and other sharp items in a puncture-resistant non-spillable disposal container which bears the biohazard label, and which has been manufactured specifically for this purpose.

(b) Disposal containers shall be located at the sites where sharps are commonly used. If one is not immediately available, obtain a disposal container from another area prior to initiating the procedure.

(c) Do not recap, bend, or break needles, or remove needles from syringes after client contact.

(d) Vacuum tube needles must be disposed into a sharps container which is approved for both needle and syringes. Do not recap, bend, or break vacuum tube needles.

(e) Never put fingers into the disposal container.

(f) Do not fill the container more than two-thirds full. When the container is two-thirds full, seal it and prepare it in the approved manner for disposal.

(g) Deposit contaminated non-sharp items in a biohazardous waste disposal container which bears the biohazard label, and which has been manufactured specifically for this purpose.

3. Waste Removal

(a) When moving containers of contaminated sharps from the area of use, the containers must be closed; if leakage is possible, they must be placed in a secondary container which is leak-proof and puncture-resistant.

(b) Biohazard wastes, such as lab specimens of blood and bodily fluids must be placed in a leak-proof container which is closable and is labeled with the Biohazard symbol.

(c) If outside contamination of the regulated waste container occurs, the container must be placed in a second container which is closable, leak-proof, and labeled with the Biohazard symbol.

(d) Regulated waste produced on campus will be disposed of on a schedule to be maintained by the Public Safety Department.

(e) Regulated waste containers for disposal must be closed with a secure lid, affixed with the biohazardous waste symbol, and
labeled with the source of waste and the name of a person to be contacted in case of questions regarding the waste.

4. Spills
   (a) If blood or other bodily fluids contaminate a surface, the spill must be cleaned in an approved manner. Only those employees trained and authorized in the cleaning of blood and other potentially infectious materials may attempt to clean the spill using equipment designed specifically for such cleaning. If the spill is too large for the employee to manage, he/she will contact the Physical Plant Department to clean the spill. If the Physical Plant Department is closed, he/she will contact the Public Safety Department to clean the spill. If the spill occurs at a clinical facility, follow their protocols for decontamination.

   (b) Spills of blood and other potentially infectious materials will be removed by employees wearing appropriate personal protective equipment who will use a commercially-packaged biohazard spill clean-up kit or acceptable substitute. The employee will sprinkle an absorbent powder or gel on the liquid to solidify it to a gel consistency, or will use a gel towel to absorb the spill. The solidified spill will be removed with a disposable rigid scoop. The surface will be decontaminated with an appropriate disinfectant solution. The decontaminant will be removed with an absorbent towel. All contaminated items and cleaning products will be packed into a biohazard bag and container and will be disposed of in an appropriate manner.

   (c) If a 10% bleach solution and EPA registered tuberculocidal cleaner may be used in accordance with the directions on the label

5. Laundry/Housekeeping
   (a) Disposable protective outerwear is preferable to reusable. If reusable protective outerwear is approved for use in a clinical area, it must be laundered in a manner which meets federal regulations.

   (b) Soiled reusable garments must be confined to a container and labeled with the Biohazard symbol at the site of use prior to transportation to a laundry. Soiled garments which are wet must be placed in a leak-proof, closable container and labeled with the Biohazard symbol.

   (c) Administrators of all departments with potential exposure to bloodborne pathogens will determine and implement an appropriate written schedule for cleaning their lab or other physical facility and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. At minimum, work surfaces and equipment should be cleaned and
decontaminated with an appropriate disinfectant such as 10% bleach solution or an approved solution at least once daily and after any contact with blood or other potentially infectious material.

(d) Broken glass or other sharps which may be contaminated must not be picked up directly with the hands, but with forceps, scoop or tongs.

(e) All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a schedule as determined by the department administrator and cleaned and decontaminated immediately upon visible contamination.

(e) Specimens of blood or other potentially infectious materials must be placed in closable, leak proof containers that are labeled with the Biohazard symbol.

6. Biohazard Labels

Orange, red, or red-orange biohazard labels or signs must be prominent on any object, area, or storage unit which might contain infectious bodily fluids. Appendix C in this section illustrates the standard biohazard label insignia.

7. Additional Safety Requirements

(a) No smoking, eating, drinking, application of cosmetics or lip balm, or insertion of corneal contact lenses is allowed in lab or clinical areas.

(b) No food or drink is allowed in lab refrigerators.

(c) Sandals, shoes that have open toes or open heels, and canvas shoes may not be worn in lab or clinical areas. Employees without appropriate footwear are required to wear shoe covers.

(d) Hair, beards, neckties, and jewelry must be contained to avoid contact with moving instruments and specimens.

(e) Mouth pipettes are not permitted. Use mechanical pipettes or bulbs as required.

(f) Specimens are not to be left out in the lab. Dispose of or store specimens appropriately and as soon as possible after testing.

(g) Treat serum-based reagents as possible sources of hepatitis and HIV, even if the product is labeled "hepatitis antigen negative".

(h) Icteric patient serum should be processed over absorbent paper that has been soaked in a fresh 10% solution of bleach.

(i) Sterilize and disinfect contaminated equipment by soaking in a fresh 10% solution of bleach or other appropriate disinfectant for one half-hour.

(j) Keep work area clean and uncluttered. Organize needed material.
(k) Transport any biological specimens between campus buildings or between separate sites by placing specimen in an approved container with a secure lid or in individual biohazard bags.

(l) Wash hands thoroughly with soap and water before leaving the work area.

G. Hepatitis B Vaccination

Within one month after employment, the college will make available to all employees on the Appendix A list the hepatitis B immunization series of three injections. This immunization will be offered during regular work hours and will be free of charge. The employee will first receive appropriate information about hepatitis B infection and its prevention by the immunization series. Facts about the immunization that will be given include its efficacy, safety, method of administration, and the benefits of being immunized and potential side effects.

Each employee on the Appendix A list will be required to sign one of these documents upon employment and annually during training:

1. A statement that he or she will be receiving or has received the hepatitis B immunization series, or
2. A statement that he or she understands the ability of bloodborne pathogens to cause serious illness or death and the importance of prevention of exposure to bloodborne pathogens in an occupational setting, but he or she chooses to decline the immunization at this time.

Employees who decline the immunization series can elect at any other time to receive the immunization series during work hours at no cost to them.

H. Post-Exposure Evaluation and Follow-Up

After any actual or potential exposure to blood or other bodily fluids has occurred, the employee must follow these procedures to ensure his or her safety and to comply with federal regulations. The employee must file an incident report with the Public Safety Department and report the incident to Human Resources.

1. If an exposure occurs on campus:
   (a) The employee must notify his or her supervisor immediately and take appropriate preventive measures including purging of a puncture wound, washing the wound with soap and warm water, and covering the wound with a bandage or gauze.
   (b) The employee must contact the Public Safety Department immediately for care of the injury, and for further medical evaluation if needed. The exposure may require the employee to report immediately to a hospital emergency room or an urgent-care
facility for post-exposure evaluation. If so, the employee must report the injury to the Human Resources Department as soon as possible.

(c) If an injury incident is determined to be an exposure to bloodborne pathogens, evaluation and treatment of the exposed employee will be based on current standard protocols. If the source of the blood or bodily fluid can be identified, testing will be requested for the source for hepatitis B and C, and for HIV. All costs associated with evaluation and treatment of the exposure of an employee will be paid by the college or by Workers’ Compensation.

(d) The potentially-exposed employee will receive a written report summarizing findings and any recommendations of the exposure officer.

2. If the exposure occurs at a clinical facility (off campus):
   (a) The employee is to take appropriate preventive measures including purging of a puncture wound, washing the wound with soap and warm water, and covering the wound with a bandage or gauze.
   
   (b) The employee must then report to the facility's designated exposure control officer. This is the person or department to whom injured facility employees are required to report an injury and could be a department such as Public Safety, Human Resources, Infection Control, or the Emergency Room.

   (c) The employee is required to follow the facility's protocol for reporting, evaluation, and treatment of a bloodborne pathogen exposure. Any costs associated with testing or treatment will be paid by the college or by Workers’ Compensation.

   (d) If an injury incident is determined to be a significant bloodborne pathogens exposure, evaluation and treatment of the exposed employee will be based on current standard protocols. If the source of the blood or body fluid can be identified, testing will be requested for the source for hepatitis B and C, and for HIV.

   (e) The employee must report the incident to his or her supervisor and to the Department of Public Safety and Human Resources within twenty-four hours after the incident.

   (f) The employee is to submit to the Human Resources Department a copy of all reports generated from the clinical facility concerning the incident. The Human Resources Department will assist the employee with scheduling any recommended periodic blood tests.

   (g) If the clinical facility fails to provide the necessary evaluation and treatment, the employee must report to his/her supervisor immediately. If the incident occurs after normal business hours, the employee is required to report to a hospital emergency room or an emergent care facility for evaluation and treatment. In all cases, the Human Resources Department must be notified.
I. Information and Training

1. The department administrator will ensure that all employees who are directly involved with biohazardous waste will receive information and training on prevention of exposure to bloodborne pathogens and a post-exposure plan which is in compliance with federal regulations. When changes are made in the procedures, there will be additional training as required.

2. Department administrators in the Appendix A departments are responsible for assuring appropriate bloodborne pathogens training of employees upon hire and annually thereafter. Academic chairpersons are responsible additionally for determining and implementing appropriate annual training for students and a procedure for ensuring and tracking such training. Academic chairpersons or coordinators are responsible for determining mechanisms for the faculty to inform students each quarter of the specific facility protocol to follow for a post-exposure evaluation in the clinical facility. Faculty are responsible for carrying out this training and post-testing of students annually, and for requiring student compliance with the regulations which appear in the Bloodborne Pathogens Student Guidelines.

3. Elements of an appropriate training include these items, which should be site specific for Columbus State wherever possible:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) 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;

(G) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being
vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infections materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color-coding required to be affixed to containers of regulated waste or storage areas containing regulated waste; and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

4. Employees who are in clinical facilities where they might be exposed to bloodborne pathogens must obtain from the facility information about site-specific exposure protocols and the appropriate exposure control officer prior to commencing their clinical experience.

J. Compulsory Compliance

All employees who have contact with blood and other bodily fluids are required to comply with this policy. All employees who instruct students with a reasonable anticipation of exposure to blood and other potentially infectious materials must require said students to comply with this policy. Failure to follow this policy will result in disciplinary action consistent with college policy for employees or for students.

K. Recordkeeping

1. Confidential health records regarding a post-exposure evaluation in its entirety must be kept for a period of employment plus thirty years. These records will be maintained in the Human Resources Department.

2. Training records are required to be kept for three years and will include:
   (A) The dates of the training sessions;
   (B) The contents or a summary of the training sessions;
(C) The names and qualifications for the persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

3. The college will maintain a sharps injury log which contains, at a minimum, the type and brand of device involved in the incident; the location of the incident (department or work area); and a description of the incident. This sharps injury log must be maintained in a manner which protects the privacy of the employees.

L. Definitions:

Blood: human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: disease-producing microorganisms that might be present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.

Contaminated Sharps: 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: the use of physical or chemical means to remove, inactivate, or destroy bloodborne 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 Controls: objects, mechanisms, or product designs which isolate or remove bloodborne pathogens hazards from the workplace or laboratory. This includes safer medical devices, such as sharps with engineered sharps-injury protections and needleless systems.

Exposure Incident: a specific mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials contaminated with blood that results from the performance of an employee's duties or helping an employee with a duty he or she is performing.

Fluid Impervious: equipment which will not allow the passage or seepage of fluid through itself.

Handwashing Facilities: a facility providing an adequate supply of running water, soap, and single-use towels or hot air drying machines.

HBV: Hepatitis B Virus.

HCV: Hepatitis C Virus.

HIV: Human Immunodeficiency Virus.

Needleless System: Devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps.
Occupational Exposure: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials contaminated with blood that may result from the performance of an employee’s duties.

OSHA: the federal Occupational Safety and Health Administration.

OPIMs (Other Potentially Infectious Materials): semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood; all bodily fluids where it is difficult or impossible to differentiate between bodily fluids; any unfixed tissue or organ from a human; HIV-containing cell or tissue cultures. For animals which have been or are likely to have been exposed to a zoonotic or infectious agent: all tissues, organs, and body parts, and bodily fluids and excreta that are contaminated with or are likely to be contaminated with infectious agents, removed or obtained during surgery or autopsy or for diagnostic evaluation; any other waste materials the generator designates as infectious waste.

Parenteral: piercing mucous membranes or the skin barrier through such events as needlesticks, bites, cuts, and abrasions.

Personal Protective Equipment: specialized clothing or equipment worn for protection against a hazard. General work clothes, uniforms, or lab coats not intended to function as protection against a hazard are not considered to be personal protective equipment.

PIMs (Potentially Infectious Materials): blood plus OPIMs

Regulated Waste: 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 is capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps: Any device or product which can cut or puncture the body. Sharps can be manufactured, such as needles or scalpels, or can be incidental, such as glass shards or pieces of sheet metal.

Sharps with Engineered Sharps-Injury Protection: Non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, or other procedures involving the risk of sharps injury. Sharps with Engineered Sharps-Injury Protection include syringes with a sliding sheath that shields the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters; and intravenous (IV) medication delivery systems that use a catheter port with a needle housed in a protective covering.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational or educational exposure to the employee.
Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant microorganisms.

Standard Precautions: an approach to infection control wherein all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.
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APPENDIX A

CLASSIFICATIONS IN WHICH PERSONS HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

1. Athletic Coaches and Trainers
2. Building Services employees
3. Child Development Center teachers and office assistant
4. Dental Hygiene faculty and preceptors
5. EMS faculty and preceptors
6. Human Services Department: Early Childhood, MH/AS/DD (clinical assignment)
7. Medical Assisting faculty
8. Medical Laboratory faculty and laboratory assistants
9. Multi-Competency Health faculty and laboratory assistants who have direct patient contact
10. Nursing faculty and laboratory assistants
11. Public Safety Officers and Dispatchers
12. Radiography faculty
13. Respiratory Care faculty
14. Surgical Technology faculty
15. Sports & Fitness
16. Veterinary Technology
16. Landscaping

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APPENDIX B

TASKS AND PROCEDURES WHERE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS MAY OCCUR

1. Exposure or treatment to injury
2. Using sharp instruments or equipment on human subjects, such as providing dental hygiene, administering injections, or starting I.V.s
3. Collecting or testing blood or other human tissue samples
4. Providing physical care for illness which involves bodily fluids
5. Administering First Aid
6. Transporting biohazard containers
7. Cleaning area of sickness or injury
8. Cleaning a blood spill
9. Cleaning restrooms
10. Removal of discarded needles from landscaped areas of campus
11. Removal of soiled diapers and excrement from landscaped areas of campus
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APPENDIX C
BIOHAZARD LABEL

BIOHAZARD
**APPENDIX D**

COLUMBUS STATE COMMUNITY COLLEGE
SAFER MEDICAL DEVICE EVALUATION FORM

Evaluator________________________________ Date__________________________

Type of Product___________________________________________________________

Manufacturer and Product Name_____________________________________________

Distributor_______________________________________________________________

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**OVERALL IMPRESSION**

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Comments______________________________________________________________

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