

Bladen Community College

Safety/Emergency Procedures Handbook

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Severe Weather

Definition of Terms

Flash Flood- A flash flood is the fast moving type of flood. It happens when heavy rain collects in a stream or gulley turning the normally calm area into an instant rushing current.

Fujita – Scale used to determine tornado damage according to intensity of wind.

FO- Light damage <73 mph

F1- Moderate damage- 73-112 mph

F2- Considerable damage- 113-157 mph

F3- Severe damage- 158-206 mph

F4- Devastating Damage – 207-260 mph

F5- Incredible Damage- 261-318 mph

Hurricane- Earth’s strongest tropical cyclone. Winds must be at a minimum of 74 mph.

Saffir Simpson- Scale used to determine strength damaging hurricane winds.

Category 1- 74-95 mph

Category 2 –96-110 mph

Category 3- 111-130 mph

Category 4- 131- 155 mph

Category 5- >155 mph

Tornado- A tornado is a violently rotating column of air extending from a thunderstorm to the ground. Wind speeds of 300 miles per hour can occur and some paths can be from 1 mile wide to 50 miles wide.

Tropical Depression- A tropical depression is designated when the first appearance of a lowered pressure and organized circulation in the center of the thunderstorm complex occurs. Winds near the center are constantly between 23 and 39 miles per hours

Tropical Storm- Once a depression has intensified to the point where its maximum sustained winds are between 39 and 73 mph, it becomes a tropical storm. It is then assigned a name.

Watch- There is a chance of dangerous weather and you should prepare for possible inclement weather.

Warning- Dangerous weather has been sited (tornado, high winds, flooding, lightning, etc.)

Hurricane Procedure

1. In as much as sufficient warning will be received before a hurricane hits Bladen Community College and the surrounding area, it is deemed unnecessary to specifically have an emergency plan for evacuation. In the event a hurricane is likely, an announcement will be made through the media on the closing of the school. The school will re-open at the earliest possible date following the passing of the hurricane.

2. If the college closes due to a hurricane or tornado, please do not return to the college to check on your office or equipment until it has been deemed as safe for everyone to return to normal activity. It is normal to be curious about possible damages but to ensure your safety, do not return until an announcement has been made to do so.

For Home

To be prepared for a hurricane, please do the following. Hurricane season starts June 1

1. Have a battery powered radio and extra batteries.
2. One gallon of water per person per day for a week.
3. Have cash on hand, ATM's stop when there is no electricity.
4. Non-perishable foods for your family for a least a week including paper plates and cups.
5. Fill car up with gas.
6. Know your local evacuation route and have a plan for getting to a safe place.
7. First aid kit to include bee sting kit and snake bite kit (Most prevalent after a hurricane).
8. Flashlights and batteries.
9. Extra prescription medicines for at least 2 weeks.
10. Candles and Matches.
11. Sanitizing wipes.
12. Have extra clothes ready in a waterproof bag.
13. If you a have a baby, extra diapers, food, and formula for at least 2 weeks.
14. Optional items might include a gas grill, generator, portable grill.
15. Pet food for an extra 2 weeks.
16. If you have a cell phone, car chargers can be used to keep the phone active.
17. Have an emergency contact, family or friends that will check on you and know where you are and vice versa.
18. Have games and coloring books for children to keep them occupied.

Tornado Procedure

(revised January 2012, January 2018)

Definition of Terms

Tornado- A tornado is a violently rotating column of air extending from a thunderstorm to the ground. Wind speeds of 300 miles per hour can occur and some paths can be from 1 mile wide to 50 miles wide.

Watch- There is a chance of dangerous weather and you should prepare for possible inclement weather.

Warning- Dangerous weather has been sighted (tornado, high winds, flooding, lightning, etc.)

Procedures

Once the college has been notified of the threat of a tornado either by telephone, radio/television, and/or weather alert radio, the following procedures will be followed;

1. The Tornado Watch/Warning siren will be activated.
2. All students, visitors, and staff will take shelter, in their respective buildings, by going into an interior room or hallway away from glass windows and doors. This will become your safe zone. Get under heavy furniture. Assume a curled position to protect head and eyes. Give special attention to the disabled.
3. Do not leave your safe zone.
4. If a tornado strikes the building you are in and you become trapped in your safe zone, do not panic. If you feel as if your building is going to be hit, sit on the floor, in your safe zone, cover your face with your hands to protect your face from being hit by flying debris. Stay calm. Tornadoes only last a short time.
5. If you are not trapped in your safe zone, but the building did receive tornado or wind damage, carefully evacuate the building as walls and ceilings may be unsafe. There may also be glass, metal, and other debris that could cause injury. Watch for possible electrical wires that may be still energized.
6. If you are not trapped in your safe zone, but feel unsafe to exit the building stay in your safe zone until rescued by school, fire, or rescue personnel.

Safe Zones

Building 1: (Classroom): 102, 104, 112 and 114.

Building 2 (Student Services/Continuing Education): All offices on interior Wall and Bookstore storage room.

Building 3 (Classroom side): Bathrooms and space behind block wall outside bathrooms.
(Cosmetology Area): rear room with no windows or faculty offices.

Building 4 (Law Enforcement Building): Bathroom or gun vault.

Building 5 (Maintenance): Shop area.

Building 6 (Center for Business and Industry): Hallway and bathrooms.

Building 7 (Student Resource Center): Staff work area/Room 106.

Building 8 (Learning Resource Center): Bathrooms, bathroom hallway and interior rooms off the rear office suite.

Building 9 (College Auditorium): Safe zone in Building 17.

Building 10 (Williams Administration Building): Bathrooms, store room off Board Room and room 09-A.

Building 11 (Carpentry): Office and storage room.

Building 12 (Welding): Lobby area.

Building 13 (Industrial Maintenance): Classroom 104.
(Electrical Side): Back entrance foyer.

Building 17 (Louis Parker Building): Center building hallway on indented side.

Building 20 (Allied Health Building); Rooms 106 and 108

Media Contacts

College Switchboard- Dial 0 or 910-879-5500

WKML- Fayetteville- 910-486-2068
910-486-2063

WRAL- Channel 5- Raleigh – 888-972-5885
919-821-8737

Channel 13 843-317-1313

WECT- Channel 6 910-791-6681

WWAY- Channel 3 910-763-0970

Evacuation Coordinator

The Evacuation Coordinator serves as the Safety Chairman of the college. Their responsibilities lie within the area of ensuring that guidelines and policies have been developed for emergency preparedness, evacuations, OSHA mandates, fire drills, tornado drills, other severe weather phenomenon, reporting of hazardous waste on campus, inspection of fire extinguishers, and other duties that involve safety on the campus.

Evacuation Coordinators are members of the Safety Committee, secretaries, and Vice-Presidents. In the event of severe weather, these committee members will be called first and they should alert everyone in their buildings

Critical Incident Response

(Revised October 2014, January 2018)

The term “critical incident” is defined as an active shooter on or near campus.

“Response” means carrying out the critical incident response plan.

The “Critical Incident Response Team” is comprised of Vice Presidents, Health and Safety Committee members, Campus Security Officers and other appropriate designees.

I. Red Communication cards

Each classroom and office has two sets of red cards. These cards are made of cardstock paper and are laminated with the room number of the respective classroom written in large, legible print.

II. Critical Incident Response Kits

Each Vice President and Evening Director has knowledge of and access to the kits, ensuring that somebody is always on campus with access to the kits. The Executive Vice President is responsible maintaining each response kit.

III. Responsibilities During Lockdown

1. All Employees

In the event an employee observes an individual on campus with a weapon or a potential weapon, they should immediately dial 9-911 from a landline or campus phone and provide the dispatcher with as much of the following information as they can;

1. location of the incident
2. type of incident
3. number of injured
4. number and location of intruders
5. description of the intruders and weapons
6. whether or not there is on-site law enforcement or security

As soon as possible, the Switchboard Operator or, if after 5:00 p.m., the Evening Director needs to be contacted and apprised of the situation on campus. The Switchboard Operator or Evening Director will then then notify Campus Security.

Campus Security can be contacted via any Emergency Call Box or by dialing 8801 from any office phone.

2. Campus Security Officers

- a. Verify the situation. Gather as many facts as possible.
- b. Retrieve a Critical Incident Response Kit.
- c. Meet and assist law enforcement officials.
- d. Meet with responding law enforcement and emergency service officials. Upon their arrival, point out the location of the intruder(s) on appropriate floor plans.

3. President/Vice President/Evening Director

- a. Notify all personnel of school-wide lockdown using the audible alarm or ReGroup notifications to include email, text messages and voicemail as well as various social media such as Facebook.
- b. Check campus status and make notes. The President or their designee will contact each Vice President and Building Designee to check the status of each classroom/office.
- c. When possible and if it can be done safely, the Building Designee will make sure the hallways and lobby areas are clear and that the entrance doors to their particular building are secured.
- d. Insofar as possible, all employees should maintain a log documenting all conversations, events that take place, the time and the outcome.

4. Staff/Faculty

- a. Staff and faculty should clear students from the hallway immediately. Students should report to the nearest available classroom or office.
- b. Close and lock all windows and doors. Faculty, staff and students should not leave their location/office/classroom until instructed to do so by appropriate authorities.
- c. Faculty should move students away from all windows and doors and have students sit on the floor if practical. Students should sit against an interior wall for protection and concealment.
- d. Faculty should account for the students in the classroom as well as any injuries and provide basic first aid.
- e. Turn off classroom lights.

- f. If emergency assistance is needed in the classroom or office, as soon as possible, the employee will display a red card in the exterior window and slide a second red card under the door or affix it to the classroom window.
- g. Faculty members are encouraged to keep their cell phones with them while in the classroom. If a faculty or staff member has to display a red card, they should dial 910-879-5507 as soon as possible and give an update on the status of their room/situation to include their location, number of students or staff in their room and the nature and extent of injuries or emergency. During evening hours, Faculty should contact the Switchboard Operator.

IV. Evacuation Procedures

Once a critical incident concludes, law enforcement officials will begin to evacuate each classroom, using the Fire Evacuation routes.

After a building has been completely evacuated and secured, members of the Critical Incident Response Team will walk the Staff, Faculty and Students from the building to the Multiple Purpose Building, which will be identified as a **Safe Rally Point**. The first floor of the Student Services Building will serve as an alternate Safe Rally Point.

V. Relocation Procedures

Within the Safe Rally Point/Relocation Site, the following stations will be established;

Check-In Station: All Staff, Faculty and Students will check-in as they arrive at the relocation site.

Check-Out Station: After all individuals have been accounted for and special needs have been addressed, students will be allowed to leave campus at the discretion of the Incident Commander. Each individual that leaves must sign out.

Medical Station: A medical center will be established staffed by emergency medical personnel.

Special Needs Station: Students who are waiting or needing to be picked up will report to this station.

VI. Debriefing Session

After the incident, the Critical Incident Response Team will meet with appropriate emergency first responders for a debriefing session. The debriefing session will include recommendations to improve the plan and response to the incident.

VII. Policy Review

At least once a year, members of the Critical Incident Response Team will review and update as necessary, the Critical Incident Written Plan.

VIII. Lockdown Drill

At least once a year, a Lockdown drill will be held. This drill will be scheduled and coordinated by members of the Critical Incident Response Team. Prior to the drill, a training session will be held with all employees. During this training, employees will be advised on any changes to the Critical Incident Plan and will watch the video “The First Twenty Minutes.”

Fire Evacuation

(Revised January 2012, January 2018)

Upon discovery of a fire:

1. Remove all persons in immediate danger.
2. Call “9-911” to summon emergency personnel.
3. Employees should be familiar with the evacuation procedures/locations for all of the buildings on campus. At the sound of the alarm, all persons will depart the building according to the evacuation plan posted in each room or through the nearest exit.
4. Everyone should move in an orderly fashion to the right of the hall.
5. All personnel are responsible for making sure all windows and doors in their area are closed before they evacuate the building.
6. Electronic equipment such as computers and over-head projectors should be left on as they are.
7. The instructor will be the last person to leave the room to ensure all persons have departed and/or are accounted for.
8. Instructors should take their role with them when leaving the building.
9. Instructors are responsible for keeping track of their students and for ensuring that all of their students remain together as a group.
10. Members of staff should ensure the safety of all students, employees and visitors, even those not under your supervision (i.e. students in the lounge, computer labs, student resource center, learning enhancement center, restrooms, etc.).
11. Personnel and students should move far enough away from the building so as not to impede the emergency responders.
12. If at all possible, do not assemble in parking lots or roadways. If you must cross a road to get to your designated area, be observant for arriving emergency services vehicles and equipment.
13. A signal will be given when officials determine it is safe to return to the building.

Building Evacuation Assembly Points/Locations

1. Staff, faculty and students are to proceed in an orderly fashion to the nearest exit and then assemble and wait further instructions at the following locations;
 - a. Building 1, Building 2 (Student Services/Continuing Education Building) and Building 7 (Student Resource Center): The marquee area on the side of the Building 2 towards Highway 41.
 - b. Building 10 (Williams Administration Building): Assemble in the clearing closest to the Human Resources office area.
 - c. Building 3 (Cosmetology/Classroom Building): The grassy area behind the back parking lot.
 - d. Building 20 (Allied Health Building): The grassy area by Pleasant Grove Church Road.
 - e. Building 5 (Maintenance Building) Building 8 (Learning Resource Center), Building 9 (Auditorium) and Building 4 (Law Enforcement Building): The grassy area by the brick picnic tables.
 - f. Building 17 (Louis Parker Building), Building 6, Building 11 (Carpentry), Building 12 (Welding Building), Building 13 (Electrical Building): The grassy area by Building 6 parking lot towards Highway 41.

Practice Fire Drills

A campus wide practice fire drill will be initiated annually.

After a building has been evacuated, members of the Safety Committee will determine if all of the evacuation procedures were followed. This will include making contact with the various members of the staff and faculty to make sure that they can account for all of their employees or students.

First Aid/C.P.R. Emergency

The following emergency medical plan will be used in the event of an accident or other medical emergency in any area of the campus:

1. The employee in charge of the activity in the area where an emergency occurs or any employee that observes an emergency will dial “9-911” and dial “5500” to notify the receptionist of the nature and extent of the emergency.
2. The receptionist will contact the appropriate First Responder Designee who in turn will respond to the incident.
3. The First Responder Designee will provide basic first aid/C.P.R. until Emergency Medical Personnel arrive.

AED's		
BUILDING		QUANTITY
1	Reception Area	1
2	Receptionist and upstairs by elevator	2
3	Hall	1
6	Room 119	1
7	Copier by front desk	1
8	Workroom	1
9	Lobby	1
17	Hall	1
20	Alcove outside of conference room	1
	Total	10

First Aid Kits, complete with either a C.P.R. face mask or resuscitator can be found in the following locations:

First Aid Kit Locations
(September, 2011)

Building 1 (Classroom)

Lobby Office Cabinet
Room 115 (Copier Room) Cabinet

Building 2 (Student Services/
Continuing Education)

Information Desk
Print Shop
Room 201 (Vice-President of Con Ed Office)

Building 3 (Cosmetology)

Maintenance Closet

Building 4 (Law Enforcement Building) Classroom Area

Building 5 (Maintenance Building)	Shop Area
Building 6 (Business & Industry)	Room 115 (Faculty Secretary's Office)
Building 7 (Student Resource Center)	Circulation Desk
Building 8 (Learning Resource Center)	Reception Desk
Building 9 (Auditorium)	Mechanical Room Biohazard Cabinet
Building 10 (Williams Administration Building)	Cashier's Office Room 113 (Break Room)
Building 12 (Welding)	Tool Room
Building 13 (Electrical)	Electrical Shop Area Industrial Maintenance Biohazard Cabinet
Building 17 (Louis Parker Building)	Room 104 (Teaching Auditorium Control Room)
Building 20 (Allied Health Building)	Room 101 (Faculty Secretary Office) Room 114 (Science Lab)
Security Golf Cart	
East Arcadia Campus	Room 109 (Reception Desk)

If you use or remove anything from a First Aid Kit, please notify a member of the Health and Safety Committee so that the item can be replaced.

Seizure Response Protocol

(Implemented January, 2018)

In the event an individual has a seizure on campus, please follow the steps below:

1. First aid kits are available in all labs, shops, and at the switchboard desk. If a student, visitor, or employee becomes sick or injured, immediately dial 9-911 from an office phone or 911 from a cell phone and request assistance from local Emergency Medical Services (EMS). As soon as possible, have someone call extension 5500 and inform the switchboard operator the nature of the incident. The switchboard operator will then notify campus security and administration. Any cost generated in any medical situation requiring transport by EMS will be the responsibility of the person who is sick or injured.
2. Don't touch bodily fluids without gloves.
3. Lower the individual to the floor.
4. Move all furniture, etc., away from the individual to prevent injury.
5. Place coat, blanket, etc., under the individual's head, if available.
6. Do not physically restrain the individual, but protect them from hard surfaces.
7. If possible, turn the individual's head to the side to allow excessive fluids, if present, to drain from their mouth.
8. After the seizure, the individual may or may not be able to respond to you. Do not move the individual until they can respond and they are physically capable of safe movement with or without assistance.
9. Ensure that a school representative stays with the student until a responsible relative or EMS arrives.

Blood or Body Fluid Spill Clean Up

1. If an employee observes a blood or bodily fluid spill, secure the area to keep individuals from coming in contact with the substance.
2. In the event of an incident, maintenance should be contacted to clean up the spill using an appropriate clean-up kit. These kits contain all the necessary items for cleanup and disposal of spilled bodily fluids following the guidelines of OSHA and the Center for Disease Control. If after hours, contact the Director of Evening Programs.

Bomb Threats

In the event of a bomb threat, Bladen Community College will observe the following emergency procedures:

1. The individual receiving the call should gain as much information as possible regarding the type and location of the bomb and immediately notify the President or one of the Vice Presidents.
2. The President, or his representative, will immediately contact the Sheriff's Department.
3. The Fire Evacuation Plan will be initiated.
4. The appropriate law enforcement agency will conduct an extensive search of all Bladen Community College buildings.

Walking/Working Surfaces

1. All places of employment shall be kept clean and orderly and in a sanitary condition.
2. Where wet processes are used, drainage shall be maintained.
3. Exit Routes must be free and unobstructed. No materials or equipment may be placed, either permanently or temporarily within the exit route.

Floor Loading Protection

1. The loads approved by the building official shall be marked on a plate and securely affixed in a conspicuous place to which they relate.
2. Load Ratings will not be exceeded.

Fall Protection

Definitions:

Slips: To slide along smoothly resulting in a sudden mishap.

Trips: To catch the foot on something so as to stumble.

Falls: To descend freely by the force of gravity.

1. Weather conditions may cause the floors to be wet or the ground to be icy. Employees are to watch where they are stepping and use caution on wet floors and ice to avoid slipping.
2. Employees are to use handrails when ascending or descending stairs.
3. Damaged steps or misplaced items are a major factor in trips. Employees are to eliminate the hazard when possible.
4. Employees are to practice good judgment. They should not lean back in chairs or climb on unstable shelving or tables.
5. Employees are to prevent a potential injury by cleaning up spills and wet floors.
6. Employees are to keep aisles and walkways clear of clutter or obstructions.
7. Employees are to pick up objects and move extension cords to eliminate the potential for injury.
8. If something is creating a potential slip, trip, or fall hazard, employees should correct the hazard by cleaning it up or by removing the hazard.
9. If the employee can not correct the hazard, they should report the hazard to the appropriate department.
10. If the hazard can not be immediately corrected, contact a member of the Maintenance staff so that they can place signs to warn others of the potential hazard.

Hazard Communication

Purpose: To ensure that the hazards of all chemicals produced or imported are evaluated, and that information concerning their hazards is transmitted to employers and employees. This plan applies to any chemical which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions or use in a foreseeable emergency.

Background: The Hazard Communication Standard is based on the concept that employees have both a need to know and a right to know the hazards and identities of the chemicals they are exposed to when working.

Definitions:

Chemical: any element, chemical compound or mixture of elements and/or compounds.

Hazardous Chemical: any chemical which is a physical hazard or a health hazard.

Health Hazard: a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees.

Label: any written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals.

Material Safety Data Sheet (MSDS): any written or printed material concerning a hazardous chemical which is prepared in accordance with CFR 1910.1200 (g).

Physical Hazard: a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, an unstable, reactive, or water-reactive chemical.

1. Each Vice President will identify and list hazardous chemicals in their respective sections.
2. Each Vice President will obtain MSDSs and labels for each hazardous chemical in their section, if not provided by the manufacturer, importer, or distributor.
3. Each Vice President will provide the Chairman of the Safety Committee with a copy of the MSDS for their respective sections.
4. Each Vice President will develop and implement a written hazard communication program for their respective section, including labels, MSDSs, and employee training on the list of chemicals, MSDSs and label information.
5. Each Vice President shall communicate hazard information to their employees through labels, MSDSs, and formal training programs.

6. Each Vice President shall ensure labels or other forms of warning are legible, in English, and prominently displayed on the container. Portable containers which are intended for immediate use by the employee who performs the transfer of hazardous chemical from a labeled container are exempt from labeling requirements.

Employee Responsibility

Each employee should know the following about Hazard Communication:

1. What is in the bottle or bag?
2. What is the safest way to handle the material?
3. What if it spills, leaks, or ignites?
4. What are the physical and health hazards of a particular chemical?
5. What methods/observations are used to detect the presence or release of a chemical?
6. What protective measures should be used?
7. Where are the MSDSs?

Flammable and Combustible Liquids Storage

Storage: Flammable or combustible liquids shall be stored in a tank or in a container that complies with CFR 1910.106(32)(d)(2). Safety can is mean an approved container, of not more than five gallons capacity, having a spring-closed lid and spout cover and so designed that it will safely relieve internal pressure when subjected to fire exposure.

Electrical Safety

1. Electrical equipment shall be free from recognized hazards that are likely to cause death or serious harm to employees.
2. All electrical conductors and equipment shall be approved.
3. Listed and labeled equipment shall be installed and used in accordance with its listing and labeling.
4. There will be a 36" by 30" working clearance around electrical equipment of 600 volts.
5. Live parts of electric equipment operating at 50 volts or more will be guarded against accidental contact by cabinets or other forms of enclosures, or by another suitable method.
6. Outlet devices shall have an ampere rating not less than the load to be served.
7. Power strips will be plugged directly into an outlet.
8. All pull boxes, junction boxes, and fittings shall be provided with covers approved for their purposes. These covers are to be grounded if of the metal type.
9. Flexible cords and cables must be approved and suitable for conditions of use and location.
10. Flexible cords and cables will not be used as a substitute for fixed wiring of a structure, run through holes in walls, ceilings or floors, attached to building surfaces or concealed behind building walls, ceilings, or floors.
11. Employees are not permitted to work near or on energized equipment or circuits.
12. When using portable electric equipment, employees will visually inspect each piece of equipment prior to its use and will immediately remove damaged equipment from service.
13. Employees are not to use the cords to raise and lower portable electric equipment.

Personal Protective Equipment (PPE)

Purpose: Personal protective equipment is designed to protect employees from serious workplace injuries or illness resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards.

Application: Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition. All personal protective equipment shall be of safe design and construction for the work to be performed.

Head Protection

1. Each Vice President (employer) shall ensure that each affected employee wears a protective helmet when working in areas where there is a potential from injury to the head from falling objects.
2. The employer shall ensure that a protective helmet designed to reduce electrical shock hazard is worn by each such affected employee when near exposed electrical conductors which could contact the head.

Eye and Face Protection

1. The employer shall see that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
2. The employer shall ensure that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects.

Foot Protection

1. Each affected employee shall wear protective footwear where there is a danger of foot injuries due to falling and rolling objects, objects piercing the sole or foot exposure to electrical hazards.

Hand Protection

1. Employers shall select and require employees to use appropriate hand protection when employee's hands are exposed to such hazards as skin absorption, severe cuts or lacerations, severe abrasions, punctures, chemical or thermal burns or harmful temperature extremes.

Respiratory Protection

1. Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee.
2. Double strap dust masks are considered respirators.

Hearing Protection

1. Ear protective devices shall be provided by the employer and used by the affected employee when noise levels exceed 85 decibels.

Portable Ladders

Purpose: To avoid serious injury, employees will be aware of how to inspect, set up and use ladders properly.

1. Employees will use only OSHA approved ladders.
2. Employees will pick the ladder type for the job they are performing.
3. Prior to each use, employees will inspect the feet, hinge points, all ladder rungs and treads, side rails and locking points for damage or wear, and check for oil, dirt, wet or slippery rungs that could cause the employee to lose their footing.
4. Employees will inspect the non-skid surface of each rung to make sure that it is not worn or smooth.
5. Employees will not use a ladder with any broken, loose, or missing parts. If the employee finds such a ladder, they are to tag it with a DANGER – DO NOT USE label until it can be repaired or discarded.

Safe Ladder Setup

1. Ladder feet should be level and on a solid surface.
2. Brace both sides of extension ladders against a wall or other support.
3. Tie off top of ladder.
4. Extension ladders should extend at least three feet above any step-off surface such as a roof or other platform.
5. Position ladder feet at a 75 degree angle or $\frac{1}{4}$ of the ladder height from the wall.
6. Do not use ladders with metal side rails if there is any possibility of coming in contact with live electrical circuits.
7. Keep ladder at least ten feet away from power lines.
8. Never setup a ladder in a doorway unless you can be sure it remains locked.
9. Boundary off traffic areas and doors.
10. Stepladders must be fully open and locked into position for safe use.

Ladder Safety

1. Always face the ladder when climbing.
2. Maintain a 3-point contact with the ladder at all times – two feet and one hand or two hands and one foot.
3. Climb the ladder slowly, keeping your weight centered between the rails.
4. Do not turn or lean away from the front of the ladder.
5. Do not carry anything up a ladder. Use a carrier, tool belt, hoist, or have someone hand you the material after you are in position.
6. Have a second person hold the bottom of the ladder.
7. Stand below the top four rungs of an extension ladder.
8. Stand below the top two rungs of a stepladder.

9. Never stand on the top rung of a stepladder.
10. Only one person on a ladder at a time.
11. Never exceed the ladder maximum load or weight rating.
12. Short ladders shall not be spliced together to make long ladders.
13. Ladders shall never be used in the horizontal position as scaffolds or work platforms.

BLADEN COMMUNITY COLLEGE

EXPOSURE CONTROL PLAN

Revised 10/2006

I. PURPOSE

The purpose of the Exposure Control Plan is to significantly reduce the risk of infection for employees with potential to be exposed to blood or body fluids. The targeted diseases include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

This plan and noted procedures are in compliance with the standards U.S. Department of Labor in 29 CFR 1910.1030 Occupational Safety and Health Administration (OSHA), pertaining to employees who may be subject to occupational exposure to bloodborne pathogens.

This plan identifies the job classifications that have been determined to have potential exposure to blood and other potentially-infectious materials at the college. This plan also describes the methods of compliance with applicable requirements of the Standard and a procedure for evaluating exposure incidents. All full- and part-time employees of the college whose job classifications make them at risk for exposure to bloodborne pathogens are required to comply with this plan and with requirements of the Standard. Any failure to comply may be cause for disciplinary action.

College employees involved in the instruction of students at off-campus clinical sites will comply with the plan established by that facility as well as the Exposure Control Plan of the College.

Departments/Programs utilizing on-campus sites for instruction in which there is a high risk of exposure to bloodborne pathogens will establish specific exposure control policies and procedures as applicable to the situation in conjunction with the Program Coordinator.

A. RESPONSIBILITY

The Chairman of the Health and Safety Committee is responsible for implementing the Exposure Control Plan and ensuring compliance with it and the Standard.

The Exposure Control Plan will be reviewed and updated whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

- Document annual consideration and implementation of commercially available and safer medical devices designed to eliminate or minimize occupational exposure. Nonmanagerial employees affected by and/or using needles, or involved in the selection of needles and syringes, must be involved in the decision and provide input in choosing safer devices.

B. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

The Exposure Control Plan may be examined by employees during the employee's regular working hours or at such other time as is reasonable. Copies of this Plan may be obtained from the Chairman of the Health and Safety Committee.

C. DEFINITIONS

Bloodborne Pathogens: 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).

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

Contaminated Sharps: any contaminated object(s) that can penetrate the skin.

Engineering Controls: controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogen hazard from the workplace.

Needleless Systems: a device that does not use needles for

1. the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
2. the administration of medication or fluids; or
3. any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: any 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.

Sharps with Engineered Sharps Injury Protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Other Potentially Infectious Materials:

1. The following fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), 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.
2. An unfixed organ or tissue (other than intact skin) from a human.
3. HIV-containing cells or tissue cultures, organ cultures, and HIV- or HIV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, blouses) are not considered to be personal protective equipment.

Regulated Waste: 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 other potentially-infectious materials.

Universal Precautions: 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, or other bloodborne pathogens.

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

II. EXPOSURE DETERMINATION

Vice President's are responsible for classifying tasks performed in their areas of responsibility that have a potential of exposure to blood or other infectious body fluids. Whenever possible, additional procedures are established to eliminate or reduce task-associated risks.

The Health and Safety Committee Chairman shall ensure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been evaluated by the appropriate department managers and that a Risk of Exposure has been identified.

For jobs with a potential exposure, a list of tasks or procedures which present a potential occupational exposure to those employees will be prepared. Assignment of personnel to a new department in the same basic job may necessitate a formal change of job title to ensure that they will receive training according to that job's risk classification. This must be reviewed by department managers on an annual basis.

All department managers and supervisors are responsible for monitoring employees' job performance and for updating job descriptions/class activities if new tasks are being performed by individuals in a job/class which present a change in exposure status while on any of the College's campuses or their clinical sites.

Managers and supervisory personnel are also responsible for monitoring employees' training status and their compliance with Universal Precautions and other riskreducing policies; being particularly attentive to recognize, act on, and prevent unsafe actions by anyone in their presence.

The Chairman of the Health and Safety Committee shall ensure that whenever a new position description is prepared, it is reviewed for exposure risks prior to being approved.

All employees share responsibility with and for their co-workers to ensure compliance with the letter, spirit, and intent of this institution's policies for the prevention of transmission of disease among employees, students, and visitors of the College. Therefore, each employee must know how to recognize occupational exposure and must communicate changes in the exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

EXPOSURE CLASSIFICATIONS – Are listed in Attachment 1, Section F for jobs and tasks presenting a potential risk of exposure. Section G provides jobs that normally would not have an exposure risk unless certain unplanned tasks have to be performed, such as administering first aid as part of the college system or having to clean blood.

III. RECORDKEEPING

The College will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens.

Each employee's record should contain the following:

- Employee's name and Social Security Number,
- A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form, and
- If an exposure occurs, the Program Coordinator will maintain copies of the incident report, the post-exposure follow-up procedures performed, documentation of the route(s) of exposure, the results of the source individual's blood testing, if available, and a copy of the healthcare professional's written opinion.

A log of injuries from contaminated sharps will be maintained to help in evaluating effectiveness of preventing needlestick injuries. The Chairman of the Health and Safety Committee is responsible for maintaining this log.

A. RECORD MAINTENANCE

1. An employee's records will be kept confidential and not be disclosed or reported without the individual employee's written consent, except as required by federal, state, or local laws.
2. An employee's records will be maintained by the College for not less than thirty (30) years after the employee's termination.

B. TRAINING RECORDS

1. Employee training records will include the following information related to specific education about bloodborne pathogens:
 - a. The dates of the training sessions,
 - b. The contents or a summary of the training session,
 - c. The name(s) and qualifications of the person(s) conducting the employee training,
 - d. The names and titles of all persons attending the training sessions, and
 - e. The training records must be kept for three (3) years.
2. Training records will be maintained at the location designated on Attachment 1, Section C and will be kept current by the Program Coordinator.
3. The college will ensure that all records required to be maintained by the OSHA Standard shall be made available upon request to federal and state officials for examination and copying.
4. Employee training records required by the OSHA Standard will be provided upon request for examination and copying to employees, to employee representatives, and to federal, state, and local officials in accordance with 29 CFR 1910.20.
5. The college shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20 (h).
6. If the community college ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the College shall notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, at least three (3) months prior to their disposal. The College shall also transmit these records to the Director, if the Director requires them to do so, within that three (3) month period.

IV. METHODS OF COMPLIANCE

The college will practice and enforce Universal Precautions to prevent contact with blood or other potentially-infectious materials (i.e., semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and in situations where it is difficult or impossible to differentiate between body fluids).

- Blood and body fluid precautions will be used consistently in a setting where the risk of blood exposure is present.
- All identified employees will use barrier precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially-infectious materials is anticipated.
- Disposable gloves (single use) will always be replaced as soon as practical when visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for reuse.
- Masks and protective eyewear combination (goggles or glasses with solid side shields), or face-shields which protect all mucous membranes will be worn when performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or other potentially-infectious materials.
- Gowns, aprons, or other protective body clothing will be worn when performing procedures likely to generate splashes or splatters of blood or body fluids and in all occupational exposure situations.
- The hepatitis B vaccine will be offered and provided free of charge at a convenient time and place to all employees in the jobs determined to have a potential exposure to blood or other infectious body fluids
- Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.
- Hands or other skin surfaces will be washed immediately using a five-minute scrub if contaminated with blood or other body fluids. Hands will also be washed after removing protective gloves.
- Safety precautions will be followed to prevent injuries caused by needles, scalpel blades, and other sharp instruments.
- All sharps (e.g., needles, scalpels,) will be placed in properly labeled containers with the international biological hazard symbol and the wording "Biohazard."
- Identified employees with exudative lesions or weeping dermatitis will refrain from all direct patient contact during student activities and from handling patient-care equipment until the condition resolves.
- Pregnant identified employees will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

A. WORK PRACTICES

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
2. Food or beverages will be consumed only in a safe designated area. Food and drinks will not be kept on the countertops or benchtops where blood or other potentially-infectious materials are present.
3. Employees will wash hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. Antiseptic hand cleansers or towelettes, in conjunction with paper towels, will be used if hand-washing facilities are not available.
4. Employees will wash their hands or any other skin for at least five (5) minutes; or flush the mucous membranes with water immediately, (if contamination is in the eyes, flush for 10-15 minutes) or as soon as possible, following contact with blood or other potentially-infectious materials.
5. Smoking is not permitted in any campus building.
6. The mucous membranes (eyes, nose, mouth) will be protected when there is a likelihood of splatter or splashes from blood or body fluids. All procedures involving blood or other potentially-infectious materials will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.
7. Mouth pipetting or suctioning of blood or other potentially-infectious materials is prohibited.
8. Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken, or removed (a mechanical device or a onehanded technique may be used to recap or remove needles). Immediately, or as soon as possible after use, contaminated sharps will be placed in containers which are puncture-resistant, leak-resistant, and properly labeled or color-coded. All glass and hard plastics (intact or broken), which are to be discarded, will be treated as sharps.
9. Specimens of blood or other potentially-infectious materials will be placed in a designated regulated waste container.

10. Any blood or body fluid related accident (i.e. needle stick, blood or body fluid splatter or splash to the mucous membranes) will be reported immediately to the supervisor.
11. Equipment which has been contaminated with blood or other potentially infectious materials will be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. Equipment, or portions thereof, which is not decontaminated require that a warning label be affixed.

B. PERSONAL PROTECTIVE EQUIPMENT

All employees should have access to, become familiar with, and follow personal protective equipment policies established by each of the College's departments on all of the College's campuses and of those offcampus clinical sites in which they are participating in clinical experiences for students. Personal protective equipment will be provided, at no cost to the employee, when there is potential for an occupational exposure.

A list of protective equipment is included in Attachment 1, Section I; however, for example, Personal protective equipment may include the following: Gloves, gowns, laboratory coats, face masks, face-shields or safety glasses, mouthpieces, resuscitation bags, pocket masks, or other ventilation equipment.

Personal protective equipment will be used for all occupational exposure situations; however, the employee may temporarily or briefly decline the use of equipment in the following scenario:

"Under rare and extraordinary circumstances, the employee uses his/her professional judgment that, in a specific instance, its use would have prevented delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the employee."

Situations in which personal protective equipment was temporarily or briefly declined will be investigated and documented to determine if changes can be instituted to prevent future occurrences.

1. Appropriate personal protective equipment in appropriate sizes will be readily accessible in each work area. In most instances, personal protective equipment will be provided at off-campus clinical sites by the participating facility for college employees involved in patient care activities which may

involve exposure. Types of equipment and its location will be determined by the facilities Exposure Control Plan.

2. Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially-infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
3. Hypoallergenic gloves, glove liners, powder less gloves, and other similar alternatives will be readily accessible to employees who are allergic to gloves normally provided.
4. Cleaning, laundering, repair, replacement, or disposal of personal protective equipment will be provided at no cost to employee. The Program Coordinator should be contacted.
5. Personal protective equipment will be utilized when working with patients and potentially-infectious materials; disposable protective gloves will be used during direct patient care and handling of contaminated disposable waste items.
6. If a garment(s) is penetrated by blood or other potentially-infectious material, the garment must be removed immediately or as soon as feasible.
7. Personal protective equipment will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.
8. Utility gloves will be decontaminated for reuse, if the integrity of the glove is not compromised. They must be cleaned in a 1:10 solution of bleach, and examined carefully before reusing. They must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.
9. Personal protective equipment for on-campus sites will be located in specific places as designated by individual departmental policies/procedures.

C. SHARPS

1. Only disposable needles will be used at the college and whenever applicable, safety needle devices purchased.

2. Contaminated sharps will be discarded immediately or as soon as possible in containers which are closable, puncture-resistant, leakproof on the sides and bottom, and (1) labeled with the international biological hazard symbol and the wording "Biohazard" or (2) red containers.
3. The sharps containers will be easily accessible to personnel and located as close as possible to the areas where sharps are used.
4. The sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overflow.
5. During replacement or removal from the work area, the sharps containers will be closed to prevent the spillage or protrusion of contents during handling, storage, transport, or shipping. The sharps containers will be placed in a secondary container if leakage is possible.
6. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of a percutaneous injury.
7. Immediately, or as soon as possible, after use, contaminated reusable sharps must be placed in containers until properly decontaminated. These containers will be puncture resistant, leak-proof on the sides and bottom, and will either be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.
8. All reusable sharps will be properly sterilized or decontaminated after use as recommended by the Center for Disease Prevention and Control.
9. Contaminated reusable sharps will not be stored in a manner which requires employees to reach into the containers.

D. SPECIMENS

1. Specimens of blood, tissue, or other potentially-infectious materials collected or transported by the college will be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping.

2. The container will be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol. The container must be closed prior to storage, transport, or shipping.

NOTE: If Universal Precautions are utilized in the handling of all specimens, the labeling/color coding system is not necessary, provided the containers are recognizable as containing specimens.

3. If outside contamination of the primary container occurs, the primary container is to be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded appropriately.
 - a) If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to having the above characteristics.
 - b) Spills of infectious material will be handled using an appropriate spill kit.

E. LAUNDRY

1. Employees handling contaminated linen will wear protective gloves and other appropriate PPE to prevent exposure to blood or other potentially-infectious materials during the handling and sorting of soiled linen and other fabric items.
2. Laundry that is contaminated with blood or other potentially-infectious materials or that may contain contaminated needles or sharps will be treated as if it were HBV/HIV infectious and handled as little as possible with a minimum amount of agitation.
3. Contaminated laundry will be bagged at the location where it was used .
4. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."
5. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
6. Red bags or red containers may be substituted for labels.

7. Contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag will be transported in bags or containers which prevent the fluids from the exterior.
8. All contaminated laundry shipped off-site to another facility which does not utilize Universal Precautions must be labeled or color-coded as follows:
 - a. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."
 - b. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
 - c. Red bags or red containers may be substituted for labels.
 - d. The laundry service will be contacted by the Program Coordinator before shipping.

G. HOUSEKEEPING

The college department/area will be maintained in a clean and sanitary condition. A written schedule for cleaning and a method of decontamination, based on the location, type of surface, type of soil present, and procedures being performed in each area, has been developed with Housekeeping Services.

1. All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially-infectious materials.
2. The process of decontamination will be conducted after completion of procedures; when surfaces are overtly contaminated; after the spill of blood or other potentially-infectious material; and at the end of the work shift, if the surface may have become contaminated since the last cleaning.

3. Only approved disinfectants will be used, such as a 10% solution of sodium hypochloride (household bleach) mixed fresh each day; or as listed in Attachment 1, Section H.
4. Protective coverings such as plastic wrap, aluminum foil, or imperviouslybacked absorbent will be removed at the end of the work shift or whenever they become overtly contaminated during the shift.
5. Any bins, pails, cans or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.
6. Broken glassware must be handled with the aid of a mechanical device (i.e., brush and dustpan, tongs, or forceps).

H. REGULATED WASTE

Regulated waste includes:

- Liquid or semi-liquid blood;
- Other potentially-infectious materials 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;
- Pathological and microbiological wastes containing blood or other potentially-infectious materials; and
- Any item, such as bandages, gauze, linens, or used personal and protective equipment that becomes covered with or contains liquid blood or other potentially-infectious materials.

The following guidelines will be followed to meet the federal, state, and county guidelines; however, if the North Carolina and local medical biohazardous waste regulations are more stringent, then these regulations will also be incorporated into the plan.

1. Specimens of blood or other potentially-infectious materials will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping.

2. For disposal of regulated waste, the College shall provide containers that are:
 - a. Closable.
 - b. Constructed to contain all contents and prevent leakage of fluids.
 - c. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.
3. The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.
4. If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container.
5. The College shall place the containers for regulated waste in every appropriate laboratory and classroom.
6. Immediately, or as soon as feasible after use, disposable sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and that are labeled with a "biohazard" symbol or color-coded in red. A commercial sharps container is acceptable.
7. Any regulated waste is picked-up and transported by an outside contractor.

I. HAZARD COMMUNICATION

The College must affix florescent orange or orange-red labels with letters in a contrasting color to containers of regulated waste, refrigerators and freezers containing blood or other potentially-infectious material, and other containers that will be used to store, transport, or ship blood or other potentially-infectious materials. All such labels must have the universal biohazard symbol.

J. BLOOD SPILLS

At this college (except in special medical programs) employees and students are not to clean up another person's blood. This task is assigned to the custodial/maintenance staff.

V. HEPATITIS AND HEPATITIS B VACCINE

A. INFORMATION ON HEPATITIS

1. Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Many people with Hepatitis B recover completely, but approximately 10% become chronic carriers; one to two percent (1-2%) die from fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis, and liver failure). There is also an association between the Hepatitis B virus and hepatoma (a form of liver cancer).
2. Hepatitis B virus can be transmitted by contact with body fluids including blood (along with contaminated needles), semen, breast milk, and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B due to frequent contact with blood or potentially contaminated body fluids and, therefore, the vaccine is recommended to prevent the illness.

B. INFORMATION ON HEPATITIS B VACCINE

1. Three (3) doses of Hepatitis B vaccine are needed to confer protection. Clinical studies have shown that after three (3) doses, ninety-six percent (96%) of healthy adults have been seroprotected. Doses are administered at zero (0), one (1), and six (6) months.
2. Employees who have occupational exposure will be provided, at no cost, the Hepatitis B vaccine and vaccination series, as well as postexposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.
3. Protocol for the above procedures will be performed under the supervision of a licensed physician or by another licensed healthcare professional and provided in accordance with the recommendations of the U.S. Public Health Service.
4. The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 Bloodborne Pathogens if they do not have one.

5. The Hepatitis B vaccination will be available to employees within ten (10) working days of initial assignment involving potential exposure and after they have received training on the required subjects.
6. The Hepatitis B vaccine and any future booster(s) recommended by OSHA will be available to employees who have an occupational exposure, unless they have previously received the complete Hepatitis B vaccination series and antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.
7. A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination.
8. An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date.
9. Employees who decline to accept the Hepatitis B vaccination will be required to sign the declination statement, Attachment 2.
10. All part-time employees who may have occupational exposure to Hepatitis B will be offered the Hepatitis B vaccine free of charge, as long as they are employed by the College. If the employee's assignment ends at the College before the completion of the vaccination series, that individual will be responsible for completing the series at his or her own expense.
11. Employees who have already had the vaccine at another location must send or deliver a copy of their vaccination record to the Program Coordinator to be placed in the employee's file.

VI. POST-EXPOSURE

IMMEDIATELY TAKE THE FOLLOWING STEPS:

1. Immediately take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub for a minimum of five (5) minutes.
2. Report the incident to the appropriate persons (e.g., supervisor, program director, or department head) IMMEDIATELY.
3. If the source individual is known and present, inform the individual of the incident and the need for him/her to be tested. Testing of the source individual must be done at no cost to him/her. If the source individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need to be tested.
4. If the source individual refuses to be tested or does not report for testing within a reasonable time, the source individual's physician should be contacted; or if the physician is not known, contact the County Health Department Director. The Health Department Director will then take appropriate action.
5. Be sure to complete an Exposure Incident Report (Attachment 3). Additional information should be obtained if the source individual is known. It will be necessary to report the incident to the insurance representative within forty-eight (48) hours so that a worker's compensation form can be completed.
6. Arrangements for a confidential medical consultation and follow-up are made at no cost to the employee, and at a convenient time and location. A letter and Incident report form are sent to the physician by the Program Coordinator, Attachment 3. The college medical provider information is listed in Attachment 1, Section, J.
7. The College will provide documentation detailing the route(s) of exposure, the circumstances under which the exposure incident occurred, and the identity of the source individual, unless such identification is not feasible or is prohibited by state or local law. (recorded on Incident Report form, Attachment 3)
8. If known, the source individual's blood will be tested by a physician for HBV and HIV as soon as feasible, within forty-eight (48) hours; however,
9. If the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

10. Whether the source individual's blood tests are done as a result of the exposure incident or previous testing has revealed the source individual to be infected with HBV or HIV, the results of the source individual's blood tests will be given to the exposed employee.
11. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual at the time the source individual's testing results are given to the employee.
12. If the source individual cannot be identified, the exposed employee's blood will be tested for HBV and HIV infectivity as soon as feasible within forty-eight (48) hours and with consent.
13. If the exposed employee consents to baseline collection of blood, but refuses HIV testing, the laboratory is instructed to preserve the sample for ninety (90) days. (If, the employee elects to have the sample tested during this time period,, this shall be done.)
14. If all tests on the source person and the exposed employee are negative, and the exposed employee has an adequate Hepatitis B immunity response, there will not be a need for further testing. Each case will be evaluated individually and test results reviewed. If the source person is positive for Hepatitis B or HIV at six (6) weeks, twelve (12) weeks, and six (6) months after exposure, the employee must give consent for retesting on each occasion.
15. Follow-up of the exposed employee will include counseling, medical evaluation of any acute febrile illness that occurs within twelve (12) weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practices.
16. Following an exposure incident, the College will provide the healthcare professional with the following information if the employee chooses to be treated by their personal physician:
 - a. A copy of The Standard: 29 CFR 1910.1030 if they do not have one.
 - b. A description of the exposed employee's duties as they relate to the exposure incident.
 - c. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
 - d. Results of the source individual's HIV and HBV testing if available.

- e. All records relevant to the appropriate treatment of the employee, including his/her vaccination status.
- 17. An evaluation of the employee's work practices and protective equipment or clothing used at the time of the incident must be made by the Program Coordinator and changes made as indicated.
- 18. The College will provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of completion of the medical evaluation.

VII. TRAINING

A. TRAINING REQUIREMENTS

- 1. Training will be provided for employees who are at risk for occupational exposure to blood or other potentially-infectious materials and hazardous chemicals.
- 2. All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.
- 3. Training sessions for employees will be scheduled:
- 4. At the time of initial assignment to tasks involving occupational exposure.
- 5. Whenever tasks or procedures change which affect an employee's occupational exposure.
- 6. When required due to unusual circumstances.
- 7. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the Standard, only training with respect to the provisions of the Standard which were not included need be provided.
- 8. Annual training for all employees shall be provided within one (1) year of their previous training.
 - a) The College shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or

procedures affect the employee's occupational exposure. The additional training may be limited to addressing the exposure(s) created.

- b) Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

B. CONTENT OF TRAINING SESSIONS

1. The training program shall contain, at a minimum, the following elements:
 - 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 protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment and how to gain access to it.

- i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods 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-infectious 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, labels, and/or color-coding required by the Standard.
- n. An opportunity for interactive questions and answers with the person conducting the training session.

Bladen Community College

Exposure Control Plan Attachment 1

A.

The Program Coordinator is:

John Trogdon

Chairman, Health and Safety Committee

Building One, Room 125

879-5536

B.

A Copy of the Exposure Control Plan is located in the following areas:

Program Coordinator
Human Resources
Vice Presidents

Employees are informed of the location of this & other safety plans: During Orientation _____ Other:

C. Training Records are maintained by : **Program Coordinator**

–

Training Records are located: Program Coordinator's Office

D. Exposure Records are maintained by the Coordinator and located:

Program Coordinator's Office

E. Exposure Determinations are made by the Program Coordinator and: **Human Resources; Individuals exposed will be directed to Bladen County Hospital or Personal Physician.**

F. Employees with the following departments have been identified as having a potential risk to blood or other infectious body fluids:

TITLE	TASKS
Associate Degree and Practical Nursing Clinical/Lab Instructor	High Risk of Contact
Nurse Aide Clinical/Lab Instructor	High Risk of Contact
EMT Instructor	High Risk of Contact
First Aid Team	

G. Please list jobs that normally do not involve potential exposure, but may require performing unplanned exposure tasks such as administering initial emergency first aid; cleaning blood spills, etc.

<input checked="" type="checkbox"/> Emergency First Aid: (List job titles & tasks)	Job Titles:	Tasks Performed:
	EMS Instructor Public Safety/Security Officer	CPR or First Aid First Aid
<input checked="" type="checkbox"/> Cleaning Blood or other body fluids:	Job Titles:	Tasks Performed
	Cosmetology Instructor Custodians/Maintenance	Clean up Blood Spills Clean up Bodily Fluid Spills

H. What cleaning solution do you use to decontaminate?

Bleach Solution
 Other Approved cleaner: List:

I. What Personal Protective Equipment is available?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Latex Gloves | <input type="checkbox"/> Face Masks |
| <input checked="" type="checkbox"/> Non-Latex Gloves (Thick Rubber) | <input checked="" type="checkbox"/> Aprons/gowns |
| <input checked="" type="checkbox"/> Eye Protection | <input type="checkbox"/> Safe needle device <input type="checkbox"/> Other: (List) |

J. Which medical provider would you refer an exposed employee to?

Hepatitis B Vaccine Record Form

Attachment 2

Hepatitis B: Special Precautions:

I have read information on hepatitis B and have had an opportunity to ask questions. I understand the benefits and risks of Hepatitis B vaccine, and voluntarily agree to be immunized. I understand that I must have 3 doses of the vaccine to confer immunity. As with all medical treatments, there is no guarantee that I will become immune. I am in general good health. I am not immunosuppressed, on hemodialysis, pregnant, or breast-feeding.

Name	SSN	Date of Birth	Age
------	-----	---------------	-----

Address	City	State	Zip	Home Phone
---------	------	-------	-----	------------

Signature	Date	Department
-----------	------	------------

	Date:	Type:	Mfg & Lot #: (If known)	Exp. Date: (If known)	Given By: (If known)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Hepatitis B Vaccine Declination Form
(complete either section 1 or 2)

1. If you have never received Hepatitis B vaccine:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring 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 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 at no charge to myself.

Signature of employee: _____

Date: _____

2. If you have previously received Hepatitis B vaccine through another organization or employer:

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I decline hepatitis B vaccination at this time due to the fact that I have previously received all 3 hepatitis B vaccines through another organization; or I know that I already have immunity due to hepatitis B antibody count.

Signature of employee: _____

Year of hepatitis B vaccine: _____

Through what organization: _____

Bladen Community College

Letter To Physician Evaluating Employee Injured From Possible Blood Exposure Attachment 3

Dear Dr. _____:

An employee at our Community College encountered a blood exposure injury on _____. Please refer to the attached supervisor's injury report for the route of entry and circumstances regarding this incident. This employee has come to you for a medical evaluation, and you may treat as medically indicated. If you do not have one, we can supply a copy of the U.S. Public Health Service recommendations regarding these testing and treatment options.

The status of the source which may have infected the employee is indicated below:

_____ The source cannot be determined.

_____ The source has given their consent for HBV/HIV antibody testing to be done.

_____ The source is known to be HBV or HIV positive.

A brief description of the employee's duties is as follows:

_____.

A copy of the medical evaluation must be delivered to the employee within 15 working days of the injury. In your report, please limit your findings to indicate that the employee has been informed of the results of the evaluation and has been informed of any medical condition possible resulting from the exposure during the incident and any further treatment which may be needed. The results of the investigation of this injury will be treated confidentially by all parties. Thank you for your assistance.

Sincerely,

Bladen Community College

Exposure Incident Form

Name of Employee: _____ SSN: _____ Date
of Incident: _____ Time of Incident: _____ Location of
Incident: _____

Type of Exposure (puncture, splash, cut, etc.): _____

Type of Infectious Material (blood, body tissue, body fluid, vomit...) and amount if known:

Parts of body exposed: _____

Severity of exposure: (depth of puncture, etc.): _____

Circumstances (work being performed etc.):

1. How and why the exposure incident occurred:
2. The job duty being performed at the time.
3. Whether the duty being performed is a normal, routine part of the employee's job.

Methods of control in place: _____

Personal Protective Equipment being used: _____

If Personal Protective Equipment was not being used, explain why: _____

Action taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for avoiding future incidents: _____

The Employee's Supervisor must complete this form in addition to the Injury Report Form. Contact John Trogdon for questions.