

Rock Valley College Exposure Control Plan

RVC Administrative Procedure (2:20.010)

Background

Rock Valley College is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

Compliance

The Exposure Control Plan is intended to serve Rock Valley College as the exposure control plan which is required by the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030.

I. Procedure Statement

It is the mission of Rock Valley College to safeguard, to the highest degree possible, College employees and the public who come into contact with people who are known to have or suspected of having a communicable disease without sacrificing services to the College or individual students.

It is also the intent of this procedure to train, educate, and establish guidelines and procedures for employees to reduce the risk associated with exposure to blood and/or bodily fluids.

This procedure applies to all Rock Valley College personnel that may encounter blood or other potentially infectious materials in the performance of job duties.

This procedure will be reviewed and updated on an annual basis. The review shall include changing technologies and consideration of appropriate commercially available and effective medical devices designed to reduce or eliminate exposure to bloodborne pathogens.

II. 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).

Blood - Human blood, human blood components, and products made from human blood.

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

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.

Engineering controls – Control measures that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems).

Exposure incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Occupational exposure - 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.

Parentral - Piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against a hazard. In most instances only a couple of these items are needed. Examples are: Face mask, goggles, face shield, protective gown, and gloves.

Sterilize - The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions - Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens, (Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions).

III. Discussion

Rock Valley College is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our college in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

*Determination of employee exposure

Rock Valley College

*Implementation of various methods of exposure control, including

- Universal precautions
- Engineering and work practice controls
- Personal protective equipment
- Housekeeping

*Hepatitis B vaccination

*Post-exposure evaluation and follow-up

*Communication of hazards to employees and training

*Recordkeeping

*Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

IV. Program Administration

The Director of Environmental Health and Safety (EHS) is the Program Administrator and is responsible for the implementation of the ECP. The EHS Department will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The point of contact is the Director of EHS located in the RVC Police Department, SSB Building, and can be reached at 815-921-4305. If changes or updates need to be completed prior to the annual review, please contact RVC EHS at rvc-risk@rockvalleycollege.edu

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Department Supervisor is responsible for:

- Maintaining and providing all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.
- Ensuring that adequate supplies of the equipment are available in the appropriate sizes

The Program Administrator is responsible for:

- Ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

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- Ensuring training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
- Annual review of this program and its effectiveness and for updating as needed.

V. Employee Exposure Determination

The following is a list of all job classifications at Rock Valley College in which all employees have occupational exposure:

Table (a): Personnel with Occupational Exposure

| DEPARTMENT | JOB TITLE |
|---------------------|---|
| Athletics | |
| | Assistant Athletic Director - Compliance |
| | Assistant Athletic Director - Operations |
| | Assistant Coach - Men's Soccer |
| | Assistant Coach Baseball |
| | Assistant Coach Basketball |
| | Assistant Coach Bowling |
| | Assistant Coach Volleyball |
| | Assistant Coach Women's Basketball |
| | Assistant Coach Women's Soccer |
| | Assistant Coach W-Softball |
| | Athletic Director & Head Coach |
| | Athletic Trainer/Fitness Assessment Coordinator |
| | Coach-Head Bowling |
| | Special Assignment Bowling |
| | Special Assignment Men's Basketball |
| | Special Assignment Women's Basketball |
| | Sports Coor/Athletics Operations/Assistant Softball Coach |
| | Sports Coord/Coach-Women's Soccer-Stu Engagement Coord |
| | Sports Coordinator - Women's Volleyball Coach |
| | Sports Coordinator/Head Coach Men's Basketball |
| | Sports Coordinator-Women's Basketball Coach |
| | Student Worker - CWS |
| | Student Worker/RVC |
| Automotive | |
| | Faculty |
| | Faculty - Sub |
| | Faculty (TFT) |
| Aviation Technology | |
| | Aviation Maint Tech Program Coordinator |

Rock Valley College

| | |
|-----------------------------|--|
| | Faculty |
| | Faculty - Summer PT |
| | Faculty (pt) |
| Biology | |
| | Biology Retention Specialist (CPT) |
| | Faculty |
| | Faculty (pt) |
| | Instructional Technician (CPT) |
| | Laboratory Manager - Life Sciences |
| | Student Worker/CWS |
| | Student Worker/RVC |
| Boiler House | |
| | Mechanic II (1st Shift) |
| | Mechanic II 2nd Shift |
| | Mechanic III (1st Shift) |
| | Mechanic III (2nd Shift) |
| | Mechanic III 3rd Shift |
| | Team Lead |
| Certified Nursing Assistant | |
| | Clinical Instructional Supervision (pt) |
| | Clinical Instructor Summer (pt) |
| | Faculty |
| | Faculty (pt) |
| | Faculty (pt) Medical Term |
| Chemistry | |
| | Faculty |
| | Faculty - Summer |
| | Faculty (pt) |
| CNC | |
| | Advanced Technology Center Specialist (CNC Instructor) |
| Dental Hygiene | |
| | Clinical Instructional Supervision (pt) |
| | Dental Hygiene Clinical Instructor |
| | Faculty |
| | Faculty (pt) |
| Engineering & Technology | |
| | Faculty |
| | Faculty (pt) |
| | Manufacturing Technology Coordinator |
| Facilities Planning and POM | |
| | Events & Facilities Coordinator |

Rock Valley College

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|--------------------------------|---|
| | Executive Director of Facilities and Operations |
| Fire Science | |
| | Clinical Instructional Supervision (pt) |
| | Clinical Instructor (PT) |
| | Coordinator |
| | Faculty (pt) |
| Fitness, Wellness and Sport | |
| | Faculty |
| | Faculty (pt) |
| | GEF-Spec Assignment |
| | Student Worker/CWS |
| Grounds | |
| | Maintenance II/Grounds (1st Shift) |
| Health Sciences | |
| | Dean of Health Sciences |
| | Faculty - Sub |
| | Faculty (PT) |
| | Faculty (PT) Summer |
| | Medical Assistant Program Coordinator |
| Manuf. Eng. and Technology | |
| | Faculty (pt) |
| Nursing | |
| | Clinical Instructional Supervision (pt) |
| | Director of Nursing |
| | Faculty |
| | Faculty - Sub |
| | Faculty (pt) |
| | Nursing Lab/Simulation Faculty |
| | Student Worker/CWS |
| Phlebotomy | |
| | Clinical Instructor |
| | Coordinator, Phlebotomy Program |
| | X - Faculty (pt) |
| Physical Science | |
| | Faculty - Pt |
| | Lab Technician (CPT) |
| | Physical Science Laboratory Manager |
| | Student Worker/RVC |
| Plant Operations & Maintenance | |
| | Director - POM |

Rock Valley College

| | |
|-----------------------|--|
| | Equipment & Vehicle Technician (1st Shift) |
| | Maintenance II/Buildings (1st Shift) |
| | Maintenance II/Buildings (2nd Shift) |
| | Maintenance III Grounds (1st Shift) |
| | Maintenance III/Buildings (1st Shift) |
| | Maintenance III/Buildings (2nd Shift) |
| | Maintenance IV Buildings Tool Crib Manager (1st Shift) |
| | Maintenance IV Carpentry Door Hardware Specialist |
| | Maintenance IV/Buildings (1st Shift) |
| | Maintenance/Buildings II (Temp FT) |
| | Student Worker/RVC |
| Respiratory Care | |
| | Faculty - Program Director |
| | Faculty-Director/Clinical Education |
| RVC Police Department | |
| | Chief of Police |
| | Deputy Chief |
| | Director, Environmental Health & Safety |
| | Officer |
| | Risk Management Coordinator |
| | Sergeant |
| | Student Worker - RVC |
| Surgical Technology | |
| | Clinical Instructional Supervision (pt) |
| | Faculty (pt) |
| Theatre & Arts Park | |
| | Choreographer Temp Pt |
| | Costume Aid (CPT) |
| | Director, Theatre and Arts Park |
| | Production Technician |
| | Sound Designer and Technician |
| | Student Worker/CWS |
| | Student Worker/RVC |
| | Technical Director |
| | Theatre - Special Assignment |
| Welding | |
| | Faculty |
| | Faculty - Sub |
| | Faculty - Summer |
| | Faculty (pt) |
| | Welding Coordinator |

Rock Valley College

VI. Methods of Implementation and Control

Universal Precautions

Universal Precautions refers to an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV and other bloodborne pathogens as described in OSHA Standard 29 CFR 1910.1030(b).

Effective immediately, universal precautions will be practiced in all work areas to prevent contact with blood or other potentially infectious materials. If it is difficult or impossible to differentiate between bodily fluids, all materials contaminated with bodily fluids shall be considered potentially infectious. All employees listed in table (a) will be trained in the concept and application of universal precautions by the Risk Management Coordinator.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by requesting a copy from RVC-Risk@rockvalleycollege.edu. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Program Administrator is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering and work-practice controls are intended to eliminate or isolate hazards and promote safer behavior in the workplace. Engineering controls take advantage of available technology to eliminate or isolate biohazards (blood). Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure effectiveness.

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

1. PPE is provided to our employees at no cost to them. Training is provided by the department supervisor and if requested by the RVC Risk Coordinator in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

- Gloves
- Eye Protection
- Face Shields

Rock Valley College

- Aprons/jumpsuit

PPE is available in each department identified in table (a) above, and during a pandemic it may be obtained through Plant Operations and Maintenance (POM). The PPE may be readily available or is provided as requested.

All employees using PPE must observe the following precautions:

*Wash hands immediately or as soon as feasible after removing gloves or other PPE.

*Remove PPE after it becomes contaminated, and before leaving the work area.

*Used PPE may be disposed of in a red identifiable biohazard bag.

*Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

*Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

*Never wash or decontaminate disposable gloves for reuse.

*Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

*Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used personal protective equipment (PPE) includes:

- **Removing PPE**

Remove PPE before leaving the work area. If PPE is penetrated by blood or other potentially infectious materials, remove it immediately.

- **Washing hands**

Wash hands immediately after removing PPE. You can use warm or cold running water and facility-approved soap, or an alcohol-based hand sanitizer. Scrub hands thoroughly for at least 20 seconds.

- **Bagging**

Place used PPE in a plastic bag and tie it closed. For extra precaution, you can put the plastic bag in a second bin bag and tie that as well.

- **Disposing**

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Dispose of the bagged PPE in a designated waste container or dumpster.

- **Disinfecting**

If the PPE is reusable, you should disinfect it appropriately. For example, you can disinfect boots with a 0.5% chlorine solution for 30 minutes, then rinse and dry them.

2. Handwashing facilities will be readily accessible. If this is not feasible, antiseptic hand cleaners and/or towelettes will be provided. Handwashing is required, including after removing gloves, after exposure to blood or other infectious material.

3. The following practice will be used and practiced in areas that have an elevated risk or exposure and will be implemented according to OSHA standards:

a. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless there is no feasible alternative or it is required by a specific medical or dental procedure. Bending, recapping or needle removal must be accomplished by mechanical means or a one-handed technique. Immediately or as soon as possible contaminated reusable sharps shall be placed in appropriate containers until properly processed.

b. The containers shall be puncture resistant, labeled, or color-coded in accordance with the Standard, leakproof on the sides and bottom.

c. Contaminated reusable sharps shall not be stored or processed in a manner that requires an employee to reach into the storage container. Written procedures shall be developed and enforced in each department.

4. Extreme care will be used when examining or cleaning suspected areas.

Procedures to be performed will minimize splashing, spraying, spattering, or the generation of droplets of contaminated substances.

5. Open wounds or cuts will be bandaged to avoid direct contact with contaminated bodily fluids. Bandages will be changed if they become wet or soiled.

6. Eating, drinking, smoking, or applying makeup in areas of potential exposure is prohibited. Food and drink are not to be kept where blood or potentially infectious substances could be found.

7. Employees who have a suppressed immune system should avoid contact with areas where bodily fluids are present or with persons who have infectious diseases.

8. Sharps disposal containers are inspected and maintained or replaced by the Biohazardous Waste Disposal contractor every month or whenever necessary to prevent overfilling.

The EHS Department will identify the need for changes in engineering control and work practices through review of OSHA records, employee interviews, committee activities, and incident reports.

Rock Valley College

EHS will evaluate new procedures or new products regularly by reviewing incident reports or input from others.

Both front line workers and management officials are involved in this process: This is achieved through regular Safety Committee meetings.

The Safety Committee Chairperson will ensure effective implementation of these recommendations.

VII. Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Handling and Disposal Precautions

Persons working for extended periods of time in areas where blood or other bodily fluids have been shed will wear anti-contamination clothing such as suits, masks, boot covers and gloves.

- All College personnel shall be cautious to what is defined as a precise regimen when handling, processing and storing potentially infectious disease-contaminated materials and property.
- Clothing known to be contaminated with a suspected infectious fluid is to be clearly labeled and placed in a designated area within the building you are working in.
- Protective disposable gloves will be furnished to personnel handling contaminated materials.
- All material and property for disposal shall be put in sealed red "BIOHAZARD" plastic bags and placed in a conspicuously labeled contamination area. All materials shall be double bagged and disposed of in accordance with each department's SOP.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available from the Biohazardous Waste Disposal contractor.

Departmental Procedures:

Health Sciences Center (HSC)

Rock Valley College

HSC has identified a Biohazard area which is across from the EMT lab. The Health Sciences Division Administrative Assistant orders assorted size sharp containers for all departments needing needle disposal. When the smaller containers are full, they are then placed into a larger bio container that is in a locked storage closet with the biohazard sign on the door. The large red biohazard container is then picked up by Stericycle once a month.

See attached pictures showing the closet and door. Also attached is a map of the HSC building, 1st floor where the storage is contained marked in RED.

Jacobs Center for Science and Math (JCSM)

See Annex (a) Life Sciences SOP for Glass and Sharps Waste and Annex (b) Life Sciences SOP for Biohazard disposal.

The procedure for handling **other regulated waste** is:

Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered by Cintas company:

Clothes/uniforms contaminated during cleanup

POM will make the necessary contact and arrangements for uniform cleaning. The individual will be responsible for maintaining a second set of clothes in their personal locker at all times.

The following laundering requirements must be met:

- * handle contaminated laundry as little as possible, with minimal agitation
- * place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags marked with biohazard symbol) for this purpose.
- * wear the following PPE when handling and/or sorting contaminated laundry: Gloves and apron. (when finished placing clothes in bag, then include the apron to be laundered if not disposable)

Labels

The following labeling method is used in this facility:

Rock Valley College

Equipment to be labeled / label type (size, color, etc.)

Contaminated Laundry Create label "BIOHAZARD" & affix to outside of bag

**Note: Only need label if not using a red biohazard bag. Almost all red bags say biohazard.*

POM will ensure warning labels are affixed, or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the RVC Director of Environmental Health & Safety at 815-921-4305 if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

VIII. Hepatitis B Vaccination

The Environmental Health & Safety Department will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series,
- 2) antibody testing reveals that the employee is immune, or
- 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept at the Benefits Office of Human Resources, Services & Support Building (SSB), room 1202.

Vaccination will be provided by:

Physicians Immediate Care/WellNow Urgent Care
www.wellnow.com
Phone: 779-310-8900

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

IX. Procedures

Exposure

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1. An exposure occurs when a person's blood or bodily fluid transfers to another person's blood stream. Exposure can occur through needle sticks, human bites or cuts, sores or abrasions on the skin, or splashes into the eyes, nose, or mouth. Examples of bodily fluids include blood, saliva, tears, vomit, semen, urine, or stool.
2. One of the above conditions must be met for an actual exposure.
3. When an employee has cause to believe he/she has been exposed to high risk during the line of duty, appropriate documentation will be prepared.

Reporting

An employee who believes he/she has been exposed to an infectious disease shall:

1. Thoroughly wash the affected area with soap and hot water if direct contact is made.
2. Gather information about the other person involved prior to the individual leaving the campus. The employee should get the person's name, date of birth, any medical information legally available, and the address of the person. The employee should provide information that leads the employee to believe the person has an infectious disease or is unable to determine if they do or do not. This information may not be disclosed under the Freedom of Information Act.
3. Immediately contact his / her supervisor once the above information is acquired. The supervisor will notify RVC Police and an incident report detailing the exposure will be completed. All necessary reports will be forwarded to the Deputy Chief, and they will forward necessary documentation to the Administrative Assistant of the COO and the Emergency and Risk Management Coordinator.
4. Contact the Physicians Immediate Care/WellNow Urgent Care clinic or their personal physician.
5. File a timely written report with the Rock Valley College Police Department and the Emergency and Risk Management Coordinator.

The Rock Valley College Emergency and Risk Management Coordinator will contact the Winnebago County Health Department, at 815-720-4050, or if the incident occurred at the Advanced Technology Center, the Boone County Health Department at 815-544-2951, advise the health department of the exposure, and follow the health department instructions.

It is strongly recommended that the individual seek medical attention if they have not already done so.

Vehicle Maintenance

Upon discovery of blood or bodily fluids in a Rock Valley College owned vehicle, a supervisor shall be notified, and the vehicle taken or towed to the maintenance garage as soon as possible. POM personnel shall follow the appropriate procedures

Rock Valley College

to disinfect the vehicle. After arriving at the maintenance garage and while awaiting disinfection, the affected vehicle shall be identified by the posting of a "Contaminated Area" sign. The following procedure shall be used to disinfect the vehicle:

1. Protective disposable gloves shall be worn during all phases of disinfection.
2. Any excess blood or bodily fluids should first be wiped up with the approved disposable, absorbent materials. Absorbent materials should immediately be bagged and placed in the designated red "BIOHAZARD" waste bag and stored in the appropriate contamination area.
3. A broad-spectrum activity virucidal-germicidal solution shall be prepared according to prescribed standards.

For small items or equipment, wash the item with the germicidal solution and hot water then rinse thoroughly. Soak the item in a solution of water and household bleach for 10 to 15 minutes. Use a concentration of 1 to 1 ½ cups of bleach for each gallon of water. Rinse with water and air dry.

For large items or areas, disinfect with bleach and water solution and then clean with soap or detergent.

All disposable, contaminated cleaning items shall be placed in red "BIOHAZARD" plastic bags and placed in the designated contaminated item receptacle.

After cleaning the vehicle, the "Contaminated Area" sign shall be disinfected.

Contamination

Material or Property Contamination

When blood or bodily fluids contaminate property while at work, employees shall place the items in a red "BIOHAZARD" plastic bag. The bag shall be sealed and have an appropriate label.

1. The employee must verbally notify his/her immediate supervisor or their designee that potentially infectious disease-contaminated items are in his/her possession.

Decontamination and Clean Up

If exposed, wash hands thoroughly and immediately with hot water and a virucidal-germicidal soap. Uniforms or other clothing soiled with blood or bodily fluids should be laundered in a household bleach solution. Fabrics requiring dry-cleaning should be diluted in cold water and placed in a red "BIOHAZARD" plastic bag, tagged, and sent to a licensed medical waste disposal facility.

Post-exposure evaluation and follow-up

Should an exposure incident occur, contact the Director of EHS located in the RVC Police Department, SSB Building, or call 815-921-4305.

Rock Valley College

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed medical professional either at Physicians Immediate Care/WellNow Urgent Care or the employee's provider of choice. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

*Document the routes of exposure and how the exposure occurred.

*Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

*Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.

*If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

*Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

*After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

*If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

* A copy of the medical report shall be placed in the employee's confidential medical file. At the recommendation of the treating physician, follow-up examinations and/or testing will be provided as directed.

Administration of post-exposure evaluation and follow-up

The Director of EHS or designee ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Director of EHS or designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- * a description of the employee's job duties relevant to the exposure incident
- * route(s) of exposure
- * circumstances of exposure

Rock Valley College

- * if possible, results of the source of an individual's blood test
- * relevant employee medical records, including vaccination status

The Director of EHS or designee provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for evaluating the circumstances surrounding an exposure incident

The RVC Safety Committee will review the circumstances of all exposure incidents to determine:

- * engineering controls in use at the time
- * work practices followed
- * a description of the device being used (including type and brand)
- * protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- * location of the incident
- * act being performed when the incident occurred
- * employee's training

The Risk Management Coordinator, or designee, will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, the Director of EHS or designee will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, procedure practice, adding employees to the exposure determination list, etc.)

X. Employee Training

All employees who have occupational exposure to bloodborne pathogens will be identified by the Human Resources Department upon hiring. The new employee, along with their supervisor and the Risk Management Coordinator, will be advised of the training requirement. They will then coordinate a date and time to complete the training. Upon completion, the certificate of training and the hepatitis B vaccination acceptance or declination will be kept securely by the Human Resources Benefits Coordinator.

The Risk Management Coordinator will monitor the completion of training within 10 days of hiring. If not completed during this time, the Risk Management Coordinator will send an email to the employee, supervisor, RVC-HRbenefits@rockvalleycollege.edu, and the supervisor's Dean reminding them of the requirement. If not completed within 10 additional days, the Risk Management

Rock Valley College

Coordinator will then send another reminder, this time copying the Vice President of Operations/Chief Operations Officer.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- * a copy and explanation of the standard
- * an explanation of our ECP and how to obtain a copy
- * an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- * an explanation of the use and limitations of engineering controls, work practices, and PPE
- * an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- * an explanation of the basis for PPE selection
- * information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- * information on the appropriate actions to take and people to contact in an emergency involving blood or OPIM

*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

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

*An explanation of the signs and labels and/or color coding required by the standard and used at this facility

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

Training materials for the college are available through the Environmental Health & Safety Department.

XI. Recordkeeping

Training Records

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Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the EHS department.

The training records include:

- *The dates of the training sessions
- *The contents or a summary of the training sessions
- *The names and qualifications of people conducting the training
- *The names and job titles of all people attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Director of EHS.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Human Resources Benefits Coordinator is responsible for maintenance of the required medical records. These confidential records are kept in the Benefits Office of the Human Resources department, SSB 1202 for at least the duration of employment plus 30 years. Once the employee leaves RVC, the records will be held in the Bradford room located on the second floor of SSB.

Employee medical records are provided upon request of the employee or to anyone who has written the consent of the employee within 15 working days. Such requests should be sent to the Human Resources Benefits Coordinator, 3301 N Mulford Road, Rockford, IL 61114.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Director of Environmental Health and Safety or designee.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred

Rock Valley College

-an explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have all personal identifiers removed from the report.

XII. Related Documents

Life Sciences SOP for Glass and Sharps Waste

Life Sciences SOP for Biohazard disposal.

Reference: Board Report 6616

Implemented: June 27, 2022

Revised: December 2, 2025