

NEW MEXICO STATE UNIVERSITY
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

New Mexico State University is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, this Exposure Control Plan (ECP) has been developed to communicate procedures that eliminate or minimize occupational exposure to bloodborne pathogens. This ECP is based on an OSHA model template, available at www.osha.gov/Publications/osha3186.html, to include all elements required by the OSHA bloodborne pathogens standard, 29 CFR 1910.1030.

This plan must be tailored further by the workplace supervisor (Department Head, Director, Principal Investigator, or designee) to address the specific needs of the facility.

Complete this plan by preparing the Exposure Determination (Appendix B), Employee Training Record (Appendix C) and Plan Authorization and Annual Review (final page). Once completed, forward an electronic version to Environmental Health, Safety & Risk Management (EHS&RM, email: ehs@nmsu.edu). EHS&RM and the Biosafety Manager will work with you to make any necessary changes that ensure your plan is compliant with the Standard.

Each year thereafter (within 364 days of the date of authorization), review the plan with personnel. If changes are needed to reflect new or modified tasks and procedures and new or revised employee positions with occupational exposure, update the plan and notify EHS&RM. If no changes are needed, document the annual training of personnel, either by completion of the EHS&RM Bloodborne Pathogen class (recorded in Training Central) or an alternate method (attach a description and attendees as Appendix C).

The ECP is a key document to assist NMSU supervisors in implementing and ensuring compliance with the standard, thereby protecting our employees. Your written plans must be accessible to all employees, either on-line or in an area where they are available for review on all shifts. This ECP includes:

1. Bloodborne Pathogens Exposure Control Policy
2. Determination of employee exposure
3. Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
4. Hepatitis B vaccination
5. Post-exposure evaluation and follow-up
6. Procedures for evaluating circumstances surrounding exposure incidents
7. Training
8. Recordkeeping

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

Revised Date: June 24, 2019
Reviewed by: Environmental Health, Safety & Risk Management
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1. BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY

The OSHA Bloodborne Pathogen Standard applies to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM).

NMSU Environmental Health, Safety & Risk Management (EHS&RM) shall review the NMSU Bloodborne Pathogen policy at least annually and update the policy as necessary to reflect changes which affect occupational exposure. EHS&RM communicates with supervisors in each department or administrative unit to identify positions in which occupational exposure is anticipated and ensure compliance with the work practices and procedures outlined in this Exposure Control Plan (ECP). Supervisors shall review and update Appendix B and Appendix C of this ECP at least annually to document specific methods of implementation for employees with occupational exposure.

Scope and Applicability

1. **Occupational exposure** is defined as 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.
2. **Blood** is defined as human blood, human blood components, and products made from human blood.
3. **Other potentially infectious materials (OPIM)** is defined as the following: saliva in dental procedures; semen; vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; along with all body fluids in situations where it is difficult or impossible to differentiate between body fluids; unfixed human tissues or organs (other than intact skin); HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
4. **All employees** who could be “reasonably anticipated” as the result of performing their job duties to have contact with blood and other potentially infectious materials includes the following personnel at NMSU:
 - All employees involved in direct patient care, clinical laboratory activities, and nursing or clinical training in healthcare facilities, dental clinics, and academic classes have occupational exposure to blood and OPIM. This exposure control plan or a similar facility-specific Exposure Control Plan shall be reviewed annually and updated as needed by the facility director. Communicate the plan details to EHS&RM.
 - Support staff in healthcare-related facilities may have occupational exposure as defined by the standard. Individuals who perform housekeeping duties, particularly in patient care and laboratory areas, may perform tasks such as cleaning blood spills and handling regulated wastes which cause occupational exposure.
 - While OSHA does not generally consider all maintenance personnel and janitorial staff employed in non-healthcare facilities to have occupational exposure, it is the employer's responsibility to determine which job classifications or specific tasks and procedures involve occupational exposure. For example, OSHA expects personal hygiene products to be deposited by the user in waste containers which are lined in such a way as to prevent contact with the contents. At the same time, the employer must determine if employees can come into contact with blood or OPIM during the normal

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handling of such products from initial pick-up through disposal in the outgoing trash. If OSHA determines, on a case-by-case basis, that sufficient evidence of reasonably anticipated exposure exists, the employer will be held responsible for providing the protections of 29 CFR 1910.1030 to the employees with occupational exposure.

- Laboratory personnel in non-clinical facilities and teaching activities at NMSU may have occupational exposure as defined by 29 CFR 1910.1030. The Principal Investigator (PI) or instructor responsible for activities involving blood or OPIM from humans or non-human primates must consult with the NMSU Biosafety Manager for the exposure determination. Researchers who work with characterized cell lines and have submitted relevant information to the Institutional Biosafety Committee (IBC) need not maintain this exposure control plan as a separate document, provided the laboratory staff follows Biosafety Level 2 (BL2) guidelines and maintains documentation of laboratory practices and training through the IBC registration. PIs are responsible for educating employees on the hazards of their research and ensuring that employees are offered the appropriate vaccinations and incident management.
- Emergency response personnel, first aid providers, law enforcement, fire services, and some security personnel encounter risks of exposure to bloodborne pathogens during the conduct of their duties. Situations involving blood, body fluids, hypodermic needles, or weapons can require actions that must be performed under uncontrolled conditions. These personnel are covered under the ECP for bloodborne pathogens and are offered pre-exposure hepatitis B immunization.
- The Standard also applies to athletics (coaches, athletic trainers, support staff), child care personnel, and residential management personnel when their work involves providing first aid or personal hygiene, or duties in areas where blood and OPIM are present.
- If you are uncertain of the applicability of the Standard to your research, teaching or work activities after reviewing this information, please contact EHS&RM at (575)646-3327 or the Biosafety Manager at (575)646-4463 to discuss your questions.

It is incumbent on each supervisor and Principal Investigator (PI) to maintain documentation for compliance with OSHA standards. Training materials and documentation on bloodborne pathogen exposure control training provided outside of NMSU are non-transferable. NMSU employees must attend Bloodborne Pathogen training provided by NMSU EHS&RM, Biosafety Manager or an EHS&RM-approved training vendor. EHS&RM will provide Appendix B to the Biosafety Manager to ensure appropriate, site-specific information is presented in the initial and annual training required by the BBP Standard. Annual refresher training may be obtained on-line or through a departmental seminar/meeting. In the latter case transfer of documentation to EHS&RM for recordkeeping is the responsibility of the department.

PROGRAM ADMINISTRATION

- Supervisors of personnel in each NMSU facility or work unit are responsible for implementation of the ECP.
- Contact information for the supervisors and management team of each facility/work unit is listed in Appendix B.

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- Supervisors of personnel in each facility or work unit will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.
- Supervisors of personnel in each facility or work unit will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- 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.
- NMSU Aggie Health and Wellness Center, Medical Director and Worker Compensation Coordinator, in coordination with supervisors of personnel in each facility or work unit, are responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. **NMSU Aggie Health and Wellness Center is located at the corner of Breland Drive, across the street from Zuhl Library on the NMSU main campus. Phone: (575) 646-1512.**
- NMSU Environmental Health and Safety and the NMSU Biosafety Manager, in coordination with supervisors of personnel in each facility or work unit, will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
CONTACT: EHS&RM (575) 646-3327, Biosafety (575) 646-4463.

2. EXPOSURE DETERMINATION

Each job title in this NMSU or NMSU-affiliated site, department, research laboratory or academic course, along with the related duties and tasks associated with each position, has been evaluated for the potential of an occupational exposure to human blood, internal body fluids, “unfixed” tissue, and other potentially infectious materials (OPIM). The routes of exposure include but may not be limited to the mucous membranes of the mouth, nose and eyes, and to cracked or chapped skin, or by needle stick (percutaneous exposure) or laceration with a contaminated sharp.

Appendix B lists job titles in this NMSU or NMSU-affiliated site, department, research laboratory or academic course in which workers can be “reasonably anticipated” as the result of performing their job duties to have contact with blood and other potentially infectious materials.

The following table is a list of job classifications at New Mexico State University in which some employees have occupational exposure:

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JOB FAMILY	NMSU JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES HAVE OCCUPATIONAL EXPOSURE	TASK/PROCEDURE IN WHICH OCCUPATIONAL EXPOSURE MAY OCCUR FOR THESE INDIVIDUALS
Athletics	Coaches, Athletic Trainers, and others who are identified by the immediate supervisor as having duties that involve exposure to blood or OPIM	Clinical and emergency care of athletic injuries, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials
Athletic Training Program	Athletic Trainer (Full-Time Staff), Athletic Trainer (Faculty/Preceptor), Athletic Trainer (Graduate Assistant), Athletic Training Students, Work Study Students	Clinical and emergency care of athletic injuries, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials
Facilities & Services	Designated custodians who have been identified for non-typical tasks involving blood	Emergency or non-typical operations involving cleaning and/or disposal of human body fluids, OPIM, biological waste receptacles, or improperly discarded used sharps.
Health Care	Aggie Health and Wellness Center employees and support personnel involved in direct patient care and clinical laboratory duties, including Clinical Manager, Medical Lab Manager, Nurse, Nurse Practitioner Physician, Pharmacist, Technician	Direct care of patients, handling of clinical specimens and equipment; daily operation of Aggie Health and Wellness Center to ensure sanitation standards
Instruction, Research, Public Service	Laboratory personnel and associated positions, including Principal Investigator, Research Scientist, Laboratory Scientist, Histotechnologist, Laboratory Manager, Lab Assistant, Lab Technician, Research Assistant, Lab Coordinator, Animal Care Manager, Biosafety Manager, Microbiologist, Research Fellow, Post-Doctoral, Student (including but not limited to Dental, Nursing, Pre-Medicine, Health Occupations, Biology, Graduate), Specialist, Technician, Visiting Scientist; and Early Childhood Educator, Child Care Personnel; Facility Security Officer; Health Education Specialist; Dental Assistant; Dental Hygienist	Teaching activities, laboratory research procedures, or emergency actions involving direct contact with human-derived materials; collecting body fluids or OPIM from humans, non-human primates, or animals infected with diseases that are transmitted to humans through contact with body fluids (i.e., HIV, viral hepatitis); care of patients in clinics and home health care; child care activities including administering first aid, personal hygiene, or medications
Safety and Security	Fire, Police, EMT, Security, and EHS&RM personnel: all positions as identified by Chief or Executive Administrator as having duties with potential for exposure to blood or OPIM	Emergency response, public safety; handling hazardous materials, biological substances, or regulated waste containing blood or OPIM

3. METHODS OF EXPOSURE CONTROL

A. General: New Mexico State University has adopted the concept of “universal precautions” whereby all solid or liquid materials that appear red or bloody, or are known or suspected to be of human origin are considered contaminated with human bloodborne pathogens.

B. Exposure Control Plan: Employees covered by the Bloodborne Pathogens Standard receive an explanation of this ECP during an initial training class provided by EHS&RM or an EHS&RM-approved trainer. Annual refresher training is required.

All employees have an opportunity to review this plan at any time during their work shifts by contacting their supervisor or EHS&RM (646-3327). If requested, EHS&RM will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The workplace supervisor (Department Head, Director, Principal Investigator, or designee), listed in APPENDIX B, is responsible for reviewing and updating the Appendices of this 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.

C. Engineering and Work Practice Controls:

- (1) Personnel shall wash their hands immediately or as soon as possible after removal of protective gloves or other personal protective equipment (PPE) after handling human blood or other potentially infectious materials and potentially contaminated equipment.
- (2) When provision of handwashing facilities is not feasible, the immediate supervisor shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- (3) PPE shall be removed prior to exiting the work area in order to minimize the spread of contamination to other work areas and as soon as reasonably possible if overtly contaminated. Single-use PPE shall be discarded into a red bag that is picked up by NMSU Environmental Health and Safety (EHS&RM) personnel or a certified vendor, or into a labeled container for treatment as specified by the facility supervisor. Reusable PPE shall be decontaminated by an appropriate method, such as steam sterilization (by autoclaving) or by cleaning with an appropriate chemical compound (i.e., diluted bleach, or a commercial product that is registered with the Environmental Protection Agency and labeled for effectiveness against both Hepatitis B virus and Human Immunodeficiency Virus (HIV)).
- (4) Used needles and other sharps shall be disposed of into red puncture-proof containers labeled with the biohazard symbol and manufactured specifically for use as sharps disposal receptacles. Needles, scalpels and other sharps shall not be sheared, bent, broken recapped, or re-sheathed prior to disposal into the sharps container. Reusable sharps such as stainless steel scissors must be decontaminated prior to re-use. Used needles shall not be removed from disposable syringes. Sharps disposal containers are inspected and maintained or replaced by the facility supervisor or designee whenever necessary to prevent overfilling. Sharps containers are picked up by Environmental Health, Safety & Risk Management upon request (phone 646-3327) or by a certified vendor.

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- (5) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for occupational exposure to bloodborne pathogens.
- (6) Food and drink for human consumption shall not be stored in refrigerators, freezers, or cabinets where human blood or other potentially infectious materials are stored or in any laboratory or potentially contaminated work area.
- (7) The Institutional Biosafety Committee (IBC) oversees the use of human-derived blood, body fluids, tissues, and human cell lines in research and teaching (excluding clinical practice in the Aggie Health and Wellness Center and associated sites; instruction in the School of Nursing, allied health programs on the main campus and community colleges, athletic training programs, and the rendering of first aid by emergency services personnel). IBC-approved protocols with human-derived blood and OPIM are conducted using Biosafety Level 2 practices, equipment, facility design and construction. Contact: Biosafety Manager by phone, 646-4463 or email to biosafe@nmsu.edu.
- (8) NMSU administrative units identify the need for changes in engineering control and work practices through review of incident reports, periodic meetings with personnel responsible for tasks involving blood, OPIM, and sharps equipment, and through communications with EHS&RM personnel during facility inspections, annual training, pick-up of sharps containers, meetings of the Institutional Biosafety Committee and other safety review boards, and phone and email messages.
- (9) Each department, laboratory, facility, or administrative unit evaluates new procedures or new products regularly by considering information from product suppliers, regulatory guidance documents, safety committee requirements, and relevant literature, and by consulting with EHS&RM when needed, to choose devices, products, and processes that prevent or minimize the risks of exposure to blood or OPIM. EHS&RM will initiate training, new procedures, and guidance whenever incident reports or circumstances indicate a need for intervention. Significant changes in procedures or products are documented by EHS&RM to ensure that both front line workers and management officials are involved in this process.
- (10) APPENDIX B lists the name of the responsible person within the department or organizational unit who will ensure effective implementation of these work practices.

D. Personal Protective Equipment:

- (1) Personal Protective Equipment (PPE): PPE is provided to NMSU employees at no cost to them. The department or unit supervisor(s) listed in APPENDIX B will ensure that personnel are trained to recognize the potential for exposure in the assigned tasks, have access to the correct PPE for assigned tasks, and understand how to properly don and doff the appropriate PPE for each specific task or procedure.
- (2) Wear appropriate protective gloves (e.g., nitrile, latex, utility, or other styles identified through a job hazard analysis) when it is reasonably anticipated that there may be hand contact with blood, OPIM, or contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

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- (3) Eye protection (safety glasses or goggles) and face protection (particulate masks, surgical masks, or chin-length face shields) shall be worn whenever splashes, sprays, spatters, or droplets of human blood or OPIM may be generated and result in contamination of the eye, nose, or mouth.
- (4) PPE and protective clothing (coveralls, lab coats, aprons, and other suitable clothing) will be provided in a variety of sizes and styles to ensure each person is fitted properly. If deemed appropriate by the supervisor, re-useable PPE may be assigned to individual employees.
- (5) Cleaning and laundering of re-useable PPE and disposal of single-use PPE will be provided at the expense of the department or work unit responsible for the employees conducting the activities. Work clothing contaminated with blood or OPIM must not be taken home.
- (6) Nitrile and latex surgical or exam gloves are single-use and shall be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. Single-use gloves may not be washed or disinfected for re-use. Single-use PPE shall be discarded into a red bag that is picked up by Environmental Health & Safety (646-3327), or by an IBC-approved waste stream such as steam-sterilization procedures for laboratories.
- (7) Utility gloves and re-usable PPE may be decontaminated for re-use using household bleach (5.25% available chlorine) diluted 1:10 in water (1 part bleach to 9 parts water), or using another appropriate disinfectant registered with the Environmental Protection Agency as effective against both Hepatitis B and HIV. Discard utility gloves that show signs of cracking, peeling, tearing, puncturing, or deterioration.
- (8) Damaged and worn out PPE will be repaired or replaced at NMSU department expense.
- (9) Personnel must wash hands immediately or as soon as feasible after removing gloves or other PPE, using running water and soap. If water is not immediately available, the department or work unit will provide hand-sanitizing gel or wipes; in this case, the individual should be trained to recognize the limitations of hand sanitizer, and to wash hands using running water and soap as soon as practicable.

E. Housekeeping

The work site is to be maintained in clean and sanitary condition. The director or supervisor for the department, lab or teaching site will determine and implement the appropriate written schedule for cleaning and method of disinfection based upon location, type of surface to be cleaned, and the tasks and procedures being performed.

- (1) Cleaning and Disinfection: All equipment and environmental working surfaces, when contaminated by human blood or other potentially infectious materials, shall be wiped down with a 1:10 dilution of household bleach (i.e., Clorox® or other brand name or generic bleach containing 5-6% sodium hypochlorite) or an appropriate *EPA-registered disinfectant efficacious against bloodborne pathogens. *Appropriate disinfectants are EPA-registered compounds labeled as effective against both HIV and HBV, and used according to the labeling directions for concentration and contact time.

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- (a) Work surfaces shall be decontaminated after completion of procedures; when surfaces are overtly contaminated; immediately after any spill of human blood or other potentially infectious materials; and at the end of the work shift.
 - (b) Protective coverings such as plastic wrap, aluminum foil or imperviously-backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced at the end of the work shift or when they become overtly contaminated.
 - (c) Equipment that may become contaminated shall be routinely checked for contamination and decontaminated prior to servicing in-house or being shipped off-site.
 - (d) All bins, pails, cans and similar receptacles intended for reuse shall be inspected, cleaned and disinfected as soon as possible upon visible contamination.
 - (e) Broken glassware shall be picked up by using a mechanical device, such as a brush and dust pan, tongs, forceps, or two opposing pieces of cardboard. Broken glassware shall not be picked up directly with the hands. Deposit broken glassware in an appropriate puncture-resistant container.
 - (f) Human blood specimens or other potentially infectious materials shall be placed into a closeable, leak-proof, red container, or red or orange plastic bag, labeled with the biohazard symbol. If the primary container is contaminated, then it shall be placed inside of second leak proof container that is identically labeled and color coded. If puncture of the primary container is likely, then it shall be placed inside of a puncture resistant secondary container.
 - (g) Reusable items that are contaminated with human blood or OPIM shall be decontaminated before storage, reuse, or disposal. Acceptable methods of decontamination are: (1) surface cleaning or laundering using a 1:10 dilution of household bleach solution (i.e., Clorox® or other brand name or generic bleach containing at least 5% sodium hypochlorite as the active ingredient); (2) surface cleaning using an appropriate EPA-registered product labeled as effective against both HIV and Hepatitis B virus; and (3) steam-sterilization by autoclaving, verified by a chemical integrator strip that provides a visual confirmation that adequate time and temperature parameters were reached during the cycle.
- (2) Infectious Waste Disposal:
- (a) Disposal of all infectious waste generated at New Mexico State University shall be in accordance with Federal regulations and New Mexico Special Waste requirements under New Mexico Administrative Code (NMAC) 20.9.8.
 - (b) All materials destined for disposal that are contaminated with blood or OPIM shall be placed in rigid closeable, leak-proof containers labeled with the biohazard symbol. Re-useable rigid containers can be lined with red bags for pick-up by EHS&RM, or with autoclave-safe bags for steam sterilization with the approval of the IBC and EHS&RM.
 - (c) Sharps shall be disposed of in red, leak-proof, puncture-proof containers labeled with the biohazard symbol, and that are taped closed or tightly lidded to prevent loss of contents.

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- Sharps containers shall be located in the immediate area, preferably within arm's reach, during procedures where syringes or other disposable sharps devices are used.
- Sharps containers shall be replaced when the contents fill approximately 80% of the container volume.

(3) Laundry

- (a) Minimize the handling of laundry that is contaminated with human blood or other potentially infectious materials.
- (b) Contaminated laundry shall be bagged at the location where it was generated.
- (c) Contaminated laundry shall be transported to a laundry site in dedicated leak-proof containers that are red and labeled with the biohazard symbol. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- (d) Supervisors must inform the laundry service provider that laundry may be contaminated with blood or OPIM. The laundry service provider is responsible to wear the appropriate PPE when handling and/or sorting contaminated laundry.

F. Labels

- (1) Warning labels shall be affixed to containers of infectious waste, refrigerators and freezers containing human blood and other potentially infectious materials, and to any containers used to store or transport blood or other potentially contaminated materials.
- (2) Labels shall include biohazard symbol and legend, as shown in the following images:



- (3) Labels shall be **fluorescent orange, orange-red, or red** with letters and symbols in a contrasting color.
- (4) Labels shall either be an integral part of the container or shall be affixed as close as safely possible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.

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- (5) Employees are to notify their immediate supervisor as well as the building monitor if they discover unlabeled containers containing blood or OPIM.

4. HEPATITIS B VACCINATION

(1) General Policy:

- (a) The supervisor of each NMSU department, administrative unit, research laboratory or academic course will ensure that all employees with a potential for occupational exposure are offered the hepatitis B vaccination series at no cost to the employee after employee is trained and within 10 days of initial assignment to a job where there is occupational exposure, and that a post exposure follow-up is provided for all employees with an occupational exposure incident.
- (b) All medical evaluations, vaccinations, and procedures will be performed by a physician or other licensed healthcare practitioner at Aggie Health and Wellness Center or alternate local clinic, and all laboratory tests will be conducted by an accredited laboratory (Joint Commission on Accreditation of Healthcare Organizations, College of Pathology, or equivalently accredited laboratory).

(2) HBV Vaccination

- (a) The hepatitis B vaccination series is available to NMSU personnel identified in the exposure determination and APPENDIX B of this plan after initial employee training and before beginning duties involving blood or OPIM.
- (b) Hepatitis B vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing has revealed that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.
- (c) The employee may decline the Hepatitis B vaccination, after the initial training has been provided, by signing a declination form (APPENDIX E). Documentation of the declination is kept at Aggie Health and Wellness Center.
- (d) If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccine, the employer shall provide the vaccine at that time.
- (e) If a routine booster dose is recommended by the U.S. Public Health Service at a future date, the immediate supervisor shall arrange for employees to receive the booster dose(s) at the Aggie Health and Wellness Center at no cost to the employee.
- (f) HBV antibody testing shall be made available to an employee who desires such testing prior to deciding whether or not to receive HBV vaccination. If the employee is found to be immune to HBV by virtue of adequate antibody titer, then the employer is not required to offer the HBV vaccine to that employee. Supervisors shall not require antibody testing as a prerequisite for receiving the hepatitis B vaccination.
- (g) Note that Appendices D and E are the current NMSU Aggie Health and Wellness Center vaccination record and declination forms. These are used for plans at the NMSU Las

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Cruces campus and may be used as templates by other healthcare providers who do not already have their own forms.

5. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the employee's supervisor listed in APPENDIX B. Following initial first aid (clean the wound, use clean water to flush eyes or other mucous membrane, etc.), NMSU personnel at the Las Cruces main campus will go to Aggie Health and Wellness Center, or if after NMSU business hours, to an urgent care facility or local emergency department for evaluation and follow-up care.

Supervisors: identify alternate locations and instructions for exposure follow-up in APPENDIX B).

Optional forms that can be used to assist with action items and recordkeeping are available in this Exposure Control Plan as APPENDIX F "Post-Exposure Evaluation and Follow-Up Checklist" and APPENDIX G "Exposure Incident Investigation Form".

NMSU Aggie Health and Wellness Center or the appropriate medical facility (depending on location of the injured employee) will provide an immediately available confidential medical evaluation.

A licensed health care professional will perform the following activities:

- (a) Document the route(s) of exposure and how the exposure occurred.
- (b) Identify and document the source individual, or establish that identification is infeasible or prohibited by state or local law.
- (c) If feasible, obtain consent and make arrangements to test the source individual's blood 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.
- (d) If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- (e) 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).
- (f) After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- (g) 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.
- (h) Provide post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- (i) Evaluate the employee for reported illnesses.
- (j) Provide specialist referrals for health care and counseling services when medically indicated.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

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The NMSU Worker Compensation Coordinator (575-646-7375) and the NMSU Aggie Health and Wellness Center (575-646-1512) will coordinate with EHS&RM, the employee, and the supervisor to ensure that the health care professional(s) responsible for the post-exposure evaluation and follow-up receives the following information:

- (a) A copy of OSHA's bloodborne pathogens standard;
- (b) A description of the affected employee's duties relevant to the exposure incident;
- (c) route(s) of exposure and circumstances under which the exposure occurred;
- (d) results of the source individual's blood test, if available;
- (e) employee medical records relevant to the appropriate treatment, including vaccination status.

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

Contact the Designated Infection Control Officer at Aggie Health and Wellness Center by phone 575-646-1512 for a report template.

For the Las Cruces campus, the Aggie Health and Wellness Center will provide the employee's supervisor with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. For other sites, the healthcare practitioner who evaluates the employee must provide the supervisor, through the Aggie Health and Wellness Center, with a written exposure evaluation within 15 days.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. Whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination;
2. That the employee has been informed of the results of the evaluation; and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnoses shall remain confidential between the patient and the healthcare provider and shall not be included in the written report.

6. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

EHS&RM 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

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- procedure being performed when the incident occurred
- employee's training

NMSU Worker Compensation Coordinator will record applicable employee percutaneous injuries from contaminated sharps in the Injury Log.

If revisions to this ECP are necessary, the EHS&RM Executive Director in coordination with the supervisor (APPENDIX B) will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

7. TRAINING

Each person whose job description contains a potential for reasonably anticipated occupational exposure will attend Bloodborne Pathogen Exposure Control training *prior* to starting duties involving blood or OPIM and annually thereafter. The annual training must be completed *within* twelve months of the previous training date. Training can be completed by attending the EHS&RM class, "Bloodborne Pathogens", or by another training method approved by EHS&RM and recorded in Appendix C of this Plan.

Note that all NMSU employees are required to complete Employee Safety as part of the initial and annual online Compliance training as a pre-requisite for registering to attend other EHS&RM trainings. Enroll on-line at <http://safety.nmsu.edu/training/> - click on "Register Now".

As part of the Bloodborne Pathogens Exposure Control training (both initially and annually), employees will receive:

- (1) an explanation of the OSHA Bloodborne Pathogen Standard and access to the regulatory text
- (2) a general explanation of the epidemiology and symptoms of bloodborne disease
- (3) an explanation of the modes of transmission of bloodborne pathogens
- (4) an explanation of this ECP and how to obtain a copy
- (5) an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM
- (6) an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE
- (7) an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- (8) an explanation of the basis for PPE selection (i.e., job hazard analysis)
- (9) 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
- (7) information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- (8) 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

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- (9) information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- (10) an explanation of the signs and labels and/or color coding required by the standard and used at NMSU facilities
- (11) an opportunity for interactive questions and answers with the person conducting the training session.

NMSU training materials and information are available from the Biosafety Manager, phone (575) 646-4463, and from EHS&RM, phone (575) 646-3327.

8. RECORDKEEPING

- (1) Training Records: NMSU safety training records are generated for each employee, affiliate, students, and other associated individuals upon completion of EHS&RM training classes. These documents will be kept for three years (per 29 CFR 1910.1030), and can be accessed electronically by employees and their supervisors through Training Central. The safety training records include:
 - the dates of the training sessions
 - the contents or a summary of the training sessions
 - the names and qualifications of persons conducting the training
 - the names and job titles of all persons 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 EHS&RM (phone 646-3327).

A current record of personnel training for the NMSU site, department, laboratory, or academic course covered by this exposure control plan can be attached as APPENDIX C.

- (2) Medical records
 - (a) A medical record must be established and maintained for persons who experience a bloodborne pathogen exposure, in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." NMSU Aggie Health and Wellness Center is responsible for maintenance of the required medical records. *For locations outside Las Cruces*, the Worker Compensation Coordinator at NMSU Aggie Health and Wellness Center will assist in obtaining a copy of the employee's medical records from the healthcare provider for NMSU recording keeping purposes.
 - (b) The record shall include:
 - (1) The name and employee number or other unique identifier;
 - (2) A copy of the employee's hepatitis B vaccination records or declination form (Appendix E), and any medical records relative to the employee's ability to receive vaccination;
 - (3) A copy of all results of physical examinations, medical testing, and follow-up procedures relative to the employee's exposure and post-exposure evaluation (Appendix G or similar records);

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- (4) The employer's copy of the healthcare professional's written opinion; and
- (5) A copy of the information provided to the healthcare professional.
- (c) Confidentiality. The employer shall ensure that employee medical records are: 1) kept confidential, and 2) not disclosed or reported to any person within or outside the workplace without the employee's express written consent.
- (d) Medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20, Access to Employee Exposure and Medical Records. *(The Aggie Health and Wellness Center shall maintain medical records for personnel at the Las Cruces campus. Other locations must identify how medical records for personnel are maintained.)*

APPENDIX A

DEFINITIONS

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

"Bloodborne Pathogens": any microorganism that is present in human blood and can be transmitted and cause disease in persons who are exposed to the infected blood. While HBV and HIV are specifically identified in the OSHA standard, the term bloodborne pathogen includes hepatitis C (HCV), Human T-lymphotrophic Virus Types 1 & 2 (HTLV 1, & HTLV 2), and many other microorganisms that are transmitted through contact with blood and other potentially infectious materials (OPIM).

"Clinical Laboratory" means a workplace, usually accredited by the US Department of Health and Human Services to perform diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Disinfect" means to inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g. bacterial endospores) on inanimate objects.

"Engineering Controls" means mechanical devices that reduce, isolate or remove hazards or potential hazards from the work area.

"Exposure Incident" means a specific event resulting in contact with a bloodborne pathogen or OPIM to the eye, mouth, nasal other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

"Infectious Waste" means blood and blood products, contaminated sharps, pathological wastes, and microbiological wastes.

"Occupational Exposure" means *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. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.

"Other Potentially Infectious Materials" means

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- (1) The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood.
- (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead) and
- (3) HIV- or HBV- containing cell or tissue cultures, organ cultures, and culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

"Parenteral" means exposure occurring as a result of piercing the skin (e.g. subcutaneous, intramuscular, intravenous routes).

"Patient" means any individual, living or dead, whose blood, body fluids, tissues, or organs may be a source of exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the mentally retarded; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains prior to embalming; and individuals who donate or sell blood or blood components.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee to protect him/her from a hazard.

"Sharps" means any object that can penetrate the skin including, but not limited to, needles, scalpels, and broken capillary tubes, or glass pipettes.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"Universal Precautions" is a concept of infection control in which all human blood and certain human body fluids are treated as if known to be contaminated by HIV, HBV and other bloodborne pathogens.

"Work Practice Controls" refer to identifying and adopting new procedures or modifying existing procedures in a manner that reduce the likelihood of an exposure.

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APPENDIX B

Occupational Exposure Determination for Each Position in NMSU

CONTACT INFORMATION OF SUPERVISOR(S)/MANAGEMENT TEAM		
NAME	TITLE	PHONE NUMBER

List the job titles, employee information, and relative risk of exposure to bloodborne pathogens in the table below. Expand the table as needed, or attach a separate page with this information.

Position Title	Employee Name	Position Supervisor	Duties and Tasks	BBP Exposure Risk: Is potential contact with BBP "Routine" (more than once a week) or "Not routine"?

Specific Engineering Controls:

- Sharps container and biohazard waste receptacles are located: _____
- Contaminated work clothing will be laundered via _____
- Other: describe any additional controls here or remove this line

Off Campus Preferred Follow-up Care Facilities:

- Mountain View Regional Medical Center Emergency Department; 4311 E Lohman Ave, Las Cruces, NM 88011
- Memorial Medical Center Emergency Department; 2450 S Telshor Blvd, Las Cruces, NM 88011
- Mountain View Urgent Care facility closest to exposure incident.
- Anthony Medical Clinic; 600 Anthony Dr, Anthony, NM 88021

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APPENDIX C

Bloodborne Pathogen Training Record *(for optional use in all plans)*

Use the table below or attach records of training provided to the employees listed in Appendix B. Training consists of the training elements outlined in Section 7 of this Exposure Control plan.

Training Date	Name of Employee	Name of Trainer

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APPENDIX D

NMSU EHS&RM - Preventing Occupational Exposures – Immunization Report

The goal of these services is to promote a safe and healthy workplace, by limiting opportunities for exposure and offering prompt and appropriate treatment for exposures. **Individuals who may be exposed to human pathogens as the result of performing their job duties include medical and dental clinic personnel, custodians, laboratory researchers, athletic trainers, emergency care providers, and others as determined by the job hazard analysis.** Medical services should be designed by the healthcare provider in consultation with representatives from Environmental Health and Safety, the supervisor, the research biosafety program, and/or Human Resources.

INSTRUCTIONS: This is two part form. Part 1 is information about the employee and health services. Part 2 is authorization to use department funds. Both parts **must** be signed by the supervisor before making an appointment for Aggie Health and Wellness Center services.

Part 1

1. Complete the contact information in the boxed area below and provide a description of the workplace hazard.
2. The supervisor must sign this form to confirm the hazard assessment is accurate for this individual.
3. Deliver this form to the Aggie Health and Wellness Center with a copy of your immunization record. Relevant, commercially available vaccinations will be offered based on the potential workplace hazards and the individual's prior immunizations.

Name:		Date:	
Classification/Recommended Vaccination: <input type="checkbox"/> Plumbers/wastewater – Tetanus, Hepatitis A/B <input type="checkbox"/> Bloodborne Pathogens Exposure – Hepatitis B <input type="checkbox"/> Other – as recommended by Medical Professional based on job hazard		Brief description of hazard associated with this work: <input type="checkbox"/> Anticipated contact with blood, body fluids, tissues or cells from human source <input type="checkbox"/> Other:	
Department:	Campus Mail MSC:	Supervisor:	Supervisor's Phone or Email:
Employee's Email:	Employee's Banner ID #:	Supervisor's Signature:	

THIS PORTION OF FORM IS TO BE COMPLETED BY A MEDICAL PROFESSIONAL

This certifies that an Occupational Health review has been completed, and the individual

- has received the recommended services/procedures
- has declined these services/procedures _____
- does not require services/procedures at this time but will need services/procedures in _____ (year)

Signature _____ Date _____
 Aggie Health and Wellness Center Medical Professional

RECORD RETENTION:

- 1) **Medical records for this individual are maintained on file at NMSU Aggie Health and Wellness Center.**
- 2) **EHS&RM will provide acknowledgement of the completion of this immunization process through Training Central and it will be documented in the Employee Training Record.**

AGGIE HEALTH AND WELLNESS: Please deliver this form to EHS&RM at MSC-3578, fax to 646-7898 or email a copy to ehs@nmsu.edu

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AUTHORIZATION TO USE DEPARTMENT FUNDS

The completed form will be used as the basis and documentation for an Interdepartmental Voucher (IDV) charging the requesting department for the services rendered.

PATIENT NAME: _____

Date: _____

Services(s) Requested:

- Plumbers – Tetanus, Hepatitis A/B
- Bloodborne Pathogens Exposure – Hepatitis B
- Other – as recommended by Medical Professional based on job hazard

Servicing Department: Aggie Health and Wellness Center

Requesting Department: _____

MSC _____

Phone Number: _____

Use of department funds is

Approved by: _____ (Director/Department Head)

Index Number: _____ **Fund Number:** _____

Front Office Staff

Print and Sign

APPENDIX E

HEPATITIS B VACCINE DECLINATION

(SIGNATURE IS MANDATORY IF EMPLOYEE DECLINES VACCINATION)

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 series at no charge to me.

Employee Name (Print)_____

Employee Name (Sign)_____

Date:_____

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APPENDIX F

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
INCIDENT REPORT CHECKLIST** *(for optional use in all plans)*

Follow these steps to record information after an occupational exposure to bloodborne pathogens.

Checklist for post-exposure evaluation and follow-up (optional, for use in all plans)			
ACTIVITY	RESPONSE (check one)	DATE OF COMPLETION	DETAILS
Has the employee been given instructions for medical evaluation regarding exposure incident?	Yes No		
Has the source been identified as an individual or as a laboratory substance?	Yes No		
Has the source material or individual been tested and results given to exposed employee?	Yes No		Contact (for written consent or other info):
Exposed individual's blood collected for testing?	Yes No		Contact:
Follow-up appointment arranged for exposed individual to consult with health care provider?	Yes No		Contact:
Documentation forwarded to healthcare provider: 1. Bloodborne Pathogen Standard (fact sheet from OSHA.gov) 2. Description of exposed employee's duties 3. Description of exposure incident, including routes of exposure (Appendix G) 4. Result of source testing 5. Employee's medical record (immunization and other relevant information)			

APPENDIX G

Exposure Incident Investigation Form *(for optional use in all plans)*

Date of Incident: _____ Time of Incident: _____

Location: _____

Employee(s) Name: _____

Description of the materials involved:

Type _____ Source _____

Circumstances (work being performed, etc.):

What do you feel caused the (accident, equipment malfunction, etc):

Describe personal protective equipment used (if any) at the time of the incident:

Describe actions taken (decontamination, clean-up, reporting, etc.):

List corrective measures to prevent future recurrence of this type of incident (if any):

Supervisor/Manager: _____ Date: _____

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REQUIRED


Plan Authorization and Annual Review *(for use in all plans)*

The following signatures verify that this Exposure Control Plan is authorized for use and shall be reviewed yearly thereafter as required by 29 CFR 1910.1030.

Per regulation 29CFR1910.1030(c)(1)(iv): The plan shall be updated annually and as needed to reflect new or modified tasks and procedures and new or revised employee positions with occupational exposure. Departments, Unit Directors, PI's, or Supervisor will ensure each person whose job description contains a potential for reasonably anticipated occupational exposure will attend Bloodborne Pathogen Exposure Control training prior to starting duties involving blood or OPIM and annually thereafter. The annual training must be completed within twelve months of the previous training date and documented in Training Central records.

Per 29 CFR 1910.1030(c)(A), the review and update of such plans shall also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, when applicable.

Exposure Control Plan Annual Review

Authorization	Signature	Review Date
Katrina Doolittle, Executive Director EHS&RM Print Name and Title		6/28/19

Certification by Implementing Unit/Department(s)

Covered staff will attend BBP annual training to review essential components of this Exposure Control Plan.

_____	_____	_____
Print Name (Dept Head, Director, or Designee)	Signature	Date
_____	_____	_____
Print Name (Dept Head, Director, or Designee)	Signature	Date
_____	_____	_____
Print Name (Dept Head, Director, or Designee)	Signature	Date