



Student Health Services Exposure Control Plan

Rev. July 2022

Completing this template indicates that the SHS Director or designee (to be referred to as "Supervisor" in this document) intends to fully implement the provisions of the SFSU BBP Exposure Control Plans, and thus fully comply with 8 CCR Title 8 §5193.

Department: Student Health Services

Building: Student Health Center Room(s) Entire Building

Person with the authority and responsibility for the bloodborne pathogen exposure control plan for this operation

SHS Director

Meili Hau

(Please print)

DocuSigned by:
Imelda Meili Hau
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Signature

01/05/2023 | 11:00 AM PST

Date:

Contact Person: Ping Nga Allan Lee, MD

Phone: 415-338-2284

Laboratory phone: N/A

Emergency phone: 415-338-2222

Brief Description of Project/Objective/Course

The SFSU SHS is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following SHS-specific exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Cal/OSHA Code of Regulations 8 CCR 5193, "Bloodborne Pathogens" and OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

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

I. PURPOSE: Some procedures and/or specimens processed in the Student Health Center are hazardous and could potentially expose staff to disease-causing organisms. The purpose of this Exposure Control Plan is to describe how to eliminate or minimize the risk of exposure to human blood or other potentially infectious materials, in compliance with the California OSHA Bloodborne Pathogens Standard (8CCR§5193, effective July 1, 1999) and the campus Injury and Illness Prevention Program (IIPP).

Universal Precautions [§5193(d)(1) and (b)]: It is the policy of the San Francisco State University and the Student Health Services to ensure practice of Universal Precautions and all other appropriate methods to reduce exposure to human bloodborne pathogens. Universal Precautions is a method of infection control in which all human blood, tissue and certain body fluids are treated **as if known to be infectious** for HIV, HBV or other bloodborne pathogens. See SHS protocols titled "Personnel - Training - Standard Precautions Training for New Employees" and "Personnel - Training - Standard Precautions Protocol and Form."

II. EXPOSURE DETERMINATION [§5193(c)(2)]: The SHS Director and Lead Physician have identified positions and procedures in the SHS that potentially expose staff to human blood or other potentially infectious materials. This determination is based on the risk of performing each procedure without the use of personal protective equipment. Self-inspection for these risks is also ongoing under the IIPP.

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A. The materials used in the SHS that may cause exposure to human bloodborne pathogens include the following: **(Mark all that apply.)**

- Human blood, serum, plasma, blood products, components, or cells
- Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, all body fluids where it is difficult to differentiate between fluids
- Any unfixed human tissue or organ. (Tissues and organs soaked in chemical preservatives, such as formalin or alcohol solutions are “fixed and handled under the COSE Biosafety Plan.)
- Cell, tissue or organ cultures containing HIV; culture medium or other solutions containing HIV or HBV; blood, organs or other tissues from experimental animals infected with HIV, HCV, or HBV,
- Handle sharp instruments such as knives, needles, scalpels, or scissors which have been used by others working with human blood or other potentially infectious materials to include human organs, tissues or body fluids,
- Perform first aid where exposure to human blood or OPIM is possible
- Clean up spills of human blood or OPIM

B. The job classifications in which **all or some** employees may have occupational exposure to human bloodborne pathogens include the following: (Check applicable groups and list the names of persons potentially at risk.)

SHS Lead Physician

Clinic Manager

Mira Medan, RN

SHS professional medical and clinical support staff

Physicians

Allan Lee, Kirsten Stewart, Ping Nga Allan Lee, Nikhill Bhardwaj

Nurse Practitioners

Caren Cubas-Forsyth, Linda Meier,

Taleen Moughamian, Andrea Keagy, Jane Hwang, Victoria Nelson

Registered Nurses

Stephanie De Los Reyes-O'Brien, Erin Kenney,

Bonnie Ogg, Monica Garcia, Mindy Xu, Stephanie Darden, Jamie Gonzalez- Summers, Abby Thompson

Clinical Assistants, Medical Assistants, Health Information Technicians

Yuanmei Zhang, Hanna Pham, Maria

(Tess) Gabon, Victoria DeCastro,

Stella Siu, Franklin Skinner, Beverly Arenas, Kayla Payan

Phlebotomists

Malia Oakley,

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Stella Siu, Franklin Skinner, and Beverly Arenas

- | | | |
|-------------------------------------|---------------------------------|------------------------|
| <input type="checkbox"/> | Radiologic Technologists | None at present |
| <input checked="" type="checkbox"/> | Storekeeper | Tuan-Anh Mai |
-

C. The tasks and procedures used in the SHS that may pose risk of exposure to human bloodborne pathogens include the following: **(Mark all that apply.)**

- Phlebotomy or venipuncture of humans (including students)
- Injections (into humans)
- Other use of needles with human specimens
- Preparing, dissecting, cutting, or otherwise handling unfixed human tissue
- Pipetting, mixing, homogenizing, or vortexing human blood, fluid or tissue
- Centrifuging human blood,
- Handling tubes or other containers of human blood, fluid
- Handling contaminated sharps or other contaminated waste
- Cleaning up spills of human blood or other body fluids
- Preparing or handling primary human cell cultures
- Other: Wound care
- Other: Minor procedures such as IUD Insertions, Sutures and Suture Removal, I&D
- Other: Specimen collection from human orifices for diagnostic testing (STIs, Pap smears)

IMPORTANT! Attach relevant standard operating procedures, and protocol for acquiring, distributing, and using these materials specific to your operations.

Relevant SHS protocols:

- Laboratory – Phlebotomy
- Laboratory – Post Collection Processes and Addendum I
- Laboratory – Testing Performed at SHS
- Vaccination – Scope of Immunization Clinic
- RN - Depo Provera Contraceptive Injection (DMPA)
- Infection Control – Infectious Waste Disposal
- Infection Control – Sharps Handling and Disposal
- Infection Control - Blood or Body Fluid Spills
- Clinic – Wound Care (Abrasions and Lacerations)
- Procedures – Anesthesia Administration
- Procedures – I.V. Insertion Procedure for RNs
- Procedures – Minor Procedures
- RN – Animal Bites
- RN – Ear Irrigation
- RN – Suture-Staple Removal
- NP - Standardized Procedures for Nurse Practitioners
- Workplace Safety – Exposure – to Blood & Other Potentially Infectious Materials (OPIM)

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III. METHOD AND SCHEDULE OF COMPLIANCE [§5193(d) and (i)]: The Bloodborne Pathogens Standard is implemented in the SHS by the following methods and schedule:

A. Written Exposure Control Plan [§5193(c)(1)]: This Exposure Control Plan is available to all SHS employees and reviewed/ revised annually, or whenever any significant changes in procedure or personnel occur.

B. Engineering And Work Practice Controls [§5193(d)(2)]: The following engineering and work practice controls are employed in the SHS as part of Universal Precautions to minimize exposure to human bloodborne pathogens.

1. Handwashing: SHS medical, allied health, and clinical support personnel wash their hands frequently while working with patients, biohazardous agents, immediately after removing gloves and upon any contact with blood or other potentially infectious material.

2. Mouth pipetting or mouth suctioning is strictly prohibited.

3. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas. Never put anything (pen, pencil, pipette, pins) into your mouth.

4. Food and drink are not placed in refrigerators, freezers, shelves, cabinets, bench tops, ovens or microwaves where blood or other potentially infectious materials are handled or may be present.

5. Used needles and other sharps are not sheared, bent, broken, recapped, or re-sheathed by hand. Used needles are not removed from disposable syringes. Contaminated sharps are placed immediately in a puncture-resistant container, labeled "sharps container".

5.1 In the SHS, the following procedures require needles to be recapped:

No needles will be recapped in SHS operations.

5.2 These procedures require the use of the following mechanical device(s) or one-handed technique(s):

N/A

6. Leak-resistant containers are used during the collection, handling, processing, storage, transport or shipping of blood specimens and other potentially infectious materials. The containers are appropriately labeled or color-coded and are closed prior to transport. If outside contamination could occur, the primary container is placed in a second container to prevent leakage. Containers are available from:

SHS Central Supply room

7. Engineering controls are examined and maintained annually during Annual Staff Training to ensure their effectiveness.

7.1 Engineered Sharps for Injury Protection [§5193(d)(3)] have an attribute built into the device that effectively reduces the risk of an exposure incident such as barrier creation, blunting, encapsulation, and automatic needle withdrawal.

Per §5193(d)(3)(A)(2), if needleless systems cannot be used, needles with "engineered sharps" injury protection *must* be used for withdrawal of body fluids or for any other procedure involving the potential for an exposure incident.

If your procedure, equipment, objective, or project is such that "safety-type" sharps are not effective and cannot be used, check the box below:

Needleless systems are not usable and there are no "Engineered Sharps" available that will effectively work with the method or equipment used.

Explain why and describe how you will prevent unwanted punctures or exposure incidents.

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N/A

7.2 **Biological safety cabinets** must be checked for proper functioning each time they are used. The laboratory manager will check the magnahelic gauge periodically, as it serves as a useful tool to determine when filters must be changed. Type IIA biosafety cabinets are most common on campus.

Report problems with a biosafety cabinet promptly to your stockroom and take the unit out of service until repaired and retested.

The EH&S coordinates the annual biosafety cabinet certification and maintains records. Verification of this annual testing must be posted on the biosafety cabinet.

Note that laminar flow hoods or “clean benches” are not biosafety cabinets, are not maintained by EH&S, and may not be used for handling bloodborne pathogens and other biohazards.

N/A for SHS

7.2 **Other engineering controls and equipment** that require regular examination. A list of the equipment and the maintenance schedule for each piece is listed below:

Equipment	Note	Inspection or Cleaning Schedule			
<input type="checkbox"/> Centrifuge aerosol containment devices	N/A	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sharps containers		<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/>
<input checked="" type="checkbox"/> Biohazardous waste containers		<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/>
<input type="checkbox"/> Other _____		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/>

8. **Examine equipment prior to servicing or disposal** and decontaminate as necessary. In the event that decontamination of specific equipment or portions of such equipment is not feasible, a readily observable label, the biohazard symbol and the word "biohazard" will be attached to the equipment stating which portions remain contaminated. Specific types of equipment which will/may require decontamination are:

None currently in use.

9. Use of single-dose vials for parenteral medications when possible; no storage of multidose vials in the immediate patient care area; no administration of medications from single-dose vials to multiple patients.

C. Housekeeping [§5193(d)(4)]: The SHS Director has determined that the following procedures are appropriate cleaning and decontamination methods for use in the SHS to minimize exposure to human bloodborne pathogens. Universal Precautions dictate using appropriate disinfection or disposal techniques for all items potentially contaminated with human blood or other infectious materials.

1. 1. The work site is maintained in a clean and sanitary condition. Routine Cleaning and Disinfecting shall be performed at the beginning of day, after each patient, and at the end of the day using the following disinfectant(s)

Oxivir TB or Clorox Bleach wipes which is (are) In each clinic area and all exam rooms
 located

Other details See SHS protocol “Infection Control - Cleaning and Disinfection of Patient Care Areas” for frequency, area, equipment to be cleaned.

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Contaminated work surfaces must be decontaminated with disinfectant after completion of each procedure and

- Immediately when surfaces are overtly contaminated or after any spill of blood or OPIM
- At the beginning of day, after each patient, and at the end of the day if the surface may have become contaminated since the last cleaning

2. Broken glassware is not picked up directly with the hands – even if gloved. It must be cleaned up by mechanical means, such as Red Z spill kit (which are located in each clinic area), a brush and dust pan, tongs or forceps.

3. All buckets, pails, cans, bins, baskets and similar receptacles intended for re-use that have a reasonable likelihood of becoming contaminated with blood or OPIM must be inspected and decontaminated regularly and as soon as possible after known or visible contamination.

The following is the established schedule for cleaning and sanitization/decontamination.

ITEM TO BE CLEANED	FREQUENCY	CLEANER/METHOD TO USE	JOB TITLE OR NAME
All non-disposable soiled instruments used during patient care (speculums, tenaculums, scissors, hemostats, uterine sound, forceps, nasal speculum, metal bowl, needle holder, ear irrigation tips)	Daily	High level disinfection*	Medical Assistant or Nurse
Soiled instrument bucket	Daily	Wash with SHS approved enzymatic cleaner	Medical Assistant or Nurse

*See SHS Protocols:

Infection Control – Cleaning and Disinfection of Patient Care Areas and 4 addenda

Infection Control - Sterilizer - Preparations for Soiled Instruments

Infection Control - Sterilizer - Vacuum and Pressure Testing and Biological Monitoring

Infection Control - Sterilizer - Autoclave Operations

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4. Waste that is handled according to the standards of good laboratory and medical facility's practice and the COSE Biosafety Plan* will comply with state law. Medical waste generated by the SHS is disposed of by

Waste Type	Collection Container	Disposal
<input checked="" type="checkbox"/> Sharps - disposable	Red "sharps" container with biohazard symbol	<input checked="" type="checkbox"/> Locked sharps container is taken to Biohazardous/Medical Waste collection area in SHS Biohazardous Waste Closet .
<input checked="" type="checkbox"/> Dry Contaminated Materials <ul style="list-style-type: none"> • Lab debris—<i>paper towels, liners, etc.</i> • Contaminated clothing—<i>gloves, lab coats, aprons, etc.</i> 	1.Red biohazard autoclave bag 2.Outer collection container must be <ul style="list-style-type: none"> • sturdy • have tightly closed lid • have biohazard symbol on top and sides • have biohazard word on container 3.Blue waste ID tag with generator and waste information affixed to outer container	<input type="checkbox"/> Autoclaved per COSE Biosafety Plan, then placed into opaque trash bag, secured, and put into municipal trash. <input checked="" type="checkbox"/> Securely tied red bag is taken to the Biohazardous/Medical Waste collection area in SHS Biohazardous Waste Closet .
<input checked="" type="checkbox"/> Liquid blood/body fluids	Red medical waste container that can be tightly sealed. Biohazard word and symbol is required on container and blue waste ID tag.	<input checked="" type="checkbox"/> Container is taken to the Biohazardous/Medical Waste collection area in SHS Biohazardous Waste Closet
<input type="checkbox"/> Human unfixed tissue	Red medical waste container that can be tightly sealed. Biohazard word and symbol is required on container and blue waste ID tag.	<input type="checkbox"/> Container is taken to the Biohazardous/Medical Waste collection area in _____
<input type="checkbox"/>		
<input type="checkbox"/>		

*See page 10 for the COSE Biological Waste Flow Chart **N/A for SHS**

4a. Additional comments regarding waste disposal

<input checked="" type="checkbox"/> Additional waste streams and relevant collection and disposal protocols are attached. See SHS Protocol "Infection Control - Infectious Waste Disposal."

D. Personal Protective Equipment [§5193(d)(3)]: Personal protective equipment (PPE) and clothing is used in the SHS to minimize or eliminate exposure to human bloodborne pathogens. All PPE must be inspected, cleaned, or replaced as needed in order to maintain its effectiveness; this will be done at no cost to SHS personnel. The use of PPE will be evaluated and enforced by the SHS Supervisors.

1. SHS personnel may wear gloves, lab coat, face mask or shield, and safety glasses for handling human blood, fluids or tissue. To be effective, gloves must provide a barrier between hand and contaminated material. Gloves must be replaced frequently and between each patient and immediately if they become contaminated or damaged in any way.

2. SHS personnel wear whatever personal protective equipment (apron, booties, face shield, lab coat, etc.) is needed to prevent blood or other potentially infectious material from reaching their street clothes, skin, eyes, mouth, or other mucous membranes, under normal conditions. All SHS staff using chemical or physical agents such as liquid nitrogen shall wear appropriate PPE including a lab coat and closed toe shoes.

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Tasks and procedures in the SHS which require use of additional personal protective equipment or clothing include:

TASK/PROCEDURE PPE REQUIRED	Gloves	Lab Coat	Goggles	Face shield	Apron	Other required PPE or additional details
Care for patient with communicable disease. Care location is SHS Isolation Room.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Full length gown, booties, Head cover, double gloves, N95 mask
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. All necessary PPE, in correct sizes, is readily accessible at these locations:

Disposable gloves	All clinic areas and stocked in Central Supply
Lab coats	Lab coat storage closet; each staff has 2-3 lab coats.
Eyewear	In each clinic area
Face shields	In each clinic area
Dust Masks (P95 type)	Staff that may require the use of N95 masks are fitted, trained, and tested on N95 mask use annually. These staff keep their own masks in their offices. Extra stock in Central Supply.
Other	Isolation Cart has additional PPE (near room 53)

4. PPE is removed **prior** to leaving the work area and is placed in designated areas for disinfection or disposal. The following **non-contaminated PPE** should be put in these locations:

Disposable gloves	Garbage can
Lab coats	Laundry basket for lab coats only
Eye Protection	Clean and re-use.
Face shields	Garbage can
Dust Masks (N95 type)	Garbage can
Other	Masks, gowns – dispose in garbage can

5. **Contaminated laundry** is handled as little as possible. It should be placed and transported in bags or containers which are appropriately labeled or color-coded and which prevent leakage of fluids. Contaminated laundry generated by the SHS is disposed of by:

Linen soiled with blood or body fluids should be placed in a red plastic bag. The red plastic bag should be placed in the appropriate laundry cart for appropriate cleaning by the vendor. If the linen cannot be cleaned adequately, it will be discarded and replaced. Current laundry vendor is Mission Linen.

(NOTE: At no time will workers be expected to take home any PPE, including lab coats, for laundering or cleaning that have been in contact with human blood or OPIM.)

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E. Post-Exposure Evaluation and Follow-up [§5193(f)(3)]: A post-exposure evaluation and follow up will be made for all employees who have had an exposure incident at no cost.

Staff must notify the Responsible Supervisor **at SHS** as soon as a suspected exposure incident has occurred.

The SHS medical staff shall alert the SHS Director's Office so it can be reported to Campus EHS. Following an exposure report, SHS immediately makes available to staff a confidential medical evaluation and follow-up. Medical evaluations are coordinated by the EHS Dept.

Review additional information about medical evaluations and availability of the Hepatitis B vaccine in the SFSU Exposure Control Plan. NOTE: All SHS healthcare personnel must be evaluated for HepB immunity and offered vaccination if indicated. Staff may decline vaccination in writing and may change their mind at any time during employment at SHS. See SHS Protocol "Personnel - Immunization Requirements." If it is a sharps stick or incident, the "Sharps Injury Log" in Appendix B of this Lab ECP must be filled out.

As detailed in the COSE and SFSU BBP Exposure Control Plans, Hepatitis B vaccinations can be made available pre-exposure to those employees determined to be "at risk" and post-exposure following a medical evaluation. An employee has the right to decline the HBV vaccine. The "Declination" form is available as Appendix A to the COSE BBP Exposure Control Plan.

F. Information and Training [§5193(g)(2)]: Initial Bloodborne Pathogen training **is** offered online through SFSU Environment, Health & Safety. Once an employee with a risk of exposure to blood or OPIM is identified, the staff is required to complete the training and quiz as soon as possible and BEFORE work with these materials begins. Compliance is demonstrated by completion of the online or other course with a copy of quiz or completion of course saved in their SHS Personnel file.

Work-specific training must be provided by the SHS Director and designated SHS staff. Instruction will include review of the Campus BBP Exposure Control Plan and discussion of the SHS-specific rules and policies in place to minimize risks.

For SHS-specific procedures for tasks that involve the potential for exposure to human blood, blood products, un-fixed human tissue, or OPIM please see section II. C.