Procedure 4.1522

Bloodborne Pathogens Infection Control Plan

A. Purpose

The purpose of the Beaufort County Community College (BCCC) Exposure Control Plan is to significantly reduce the risk of infection for employees with potential to be exposed to blood or body fluids. The targeted diseases include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Methicillin-Resistant Staphylococcus Aureus (MRSA), and Human Immunodeficiency Virus (HIV).

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

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

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

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

B. Responsibility

The Program Coordinator, identified in Appendix A, is responsible for implementing the Exposure Control Plan and ensuring compliance with it and the Standard. The plan will be reviewed annually and revised as necessary.

C. Accessibility of the Exposure Control Plan

- The Exposure Control Plan may be examined by employees during the employee's regular working hours or at such other time as is reasonable. Copies of this Plan are available in areas designated in Appendix A, Section A.
- Employees are informed of the location of this and other safety plans as designated in Appendix A.

D. 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), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV), and/or various sexually transmitted diseases.

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials
.

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

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

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

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

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

Exposure *Incident* means 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.

Hand washing *Facilities* means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HCV means hepatitis C Virus

HIV means human immunodeficiency virus.

Occupational Exposure: any reasonably-anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially-infectious materials that may result from the performance of an employee’s duties.

Other Potentially Infectious Materials:
The following fluids:

semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

An unfixed organ or tissue (other than intact skin) from a human.

HIV-containing cells or tissue cultures, organ cultures, and HIV- or HIV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Regulated Waste: contaminated items that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially-infectious materials.

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

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

Universal Precautions: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

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

E. Exposure Determination

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

The Program Coordinator shall ensure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been evaluated by the appropriate division deans and that a Risk of Exposure has been identified.

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

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

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

The Program Coordinator shall ensure that whenever a new position description is prepared, it is reviewed for exposure risks prior to being approved.

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

Exposure classifications are listed in Appendix A, Section F for jobs and tasks presenting a potential risk of exposure. Section G provides jobs that normally would not have an exposure risk unless certain unplanned tasks have to be performed, such as administering first aid as part of BCCC system or having to clean blood.

F. Recordkeeping

Exposure Records

BCCC will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens. Each employee's record should contain the following:

- Employee's name and social security number,
- A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form, and

If an exposure occurs, the Program Coordinator will maintain copies of the incident report, the post-exposure follow-up procedures performed documentation of the route(s) of exposure, the results of the source individual's blood testing, if available, and a copy of the healthcare professional's written opinion.

Exposure Records Maintenance

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

Training Records

Employee training records will include the following information related to specific education about bloodborne pathogens:

- The dates of the training sessions,
- The contents or a summary of the training session,
- The name(s) and qualifications of the person(s) conducting the employee training, the names and titles of all persons attending the training sessions, and
- The training records must be kept for three (3) years.

Training records will be maintained at the location designated on Appendix A, Section C and will be kept current by the Program Coordinator.

Exposure records will be maintained at the location designated on Appendix A, Section D and will be kept current by the Program Coordinator.

BCCC will ensure that all records required to be maintained by the OSHA Standard shall be made available upon request to federal and state officials for examination and copying.

Employee training records required by the OSHA Standard will be provided upon request for examination and copying to employees, to employee representatives, and to federal, state, and local officials in accordance with 29 CFR 1910.20.

BCCC shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20 (h).

If the community BCCC ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, BCCC shall notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, at least three (3) months prior to their disposal. BCCC shall also transmit these records to the Director, if the Director requires them to do so, within that three (3) month period.

G. Methods of Compliance

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

Blood and body fluid precautions will be used consistently in a setting where the risk of blood exposure is present.

All identified employees will use barrier precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially-infectious materials is anticipated.

Disposable gloves (single use) will always be replaced as soon as practical when visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for reuse.

Masks and protective eyewear combination (goggles or glasses with solid side shields), or face-shields which protect all mucous membranes will be worn when performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or other potentially-infectious materials.

Gowns, aprons, or other protective body clothing will be worn when performing procedures likely to generate splashes or splatters of blood or body fluids and in all occupational exposure situations.

The hepatitis B vaccine will be offered and provided free of charge at a convenient time and place to all employees in the jobs determined to have a potential exposure to blood or other infectious body fluids.

Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.

Hands or other skin surfaces will be washed immediately using a five-minute scrub if contaminated with blood or other body fluids. Hands will also be washed after removing protective gloves.

Safety precautions will be followed to prevent injuries caused by needles, scalpel blades, and other sharp instruments.

All sharps (e.g., needles, scalpels,) will be placed in properly labeled containers with the international biological hazard symbol and the wording “BIOHAZARD.”

Identified employees with exudative lesions or weeping dermatitis will refrain from all direct patient contact during student activities and from handling patient-care equipment until the condition resolves.

Pregnant identified employees will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

H. Work Practices

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Food or beverages will be consumed only in a safe designated area. Food and drinks will not be kept on the countertops or benchtops where blood or other potentially-infectious materials are present.

Employees will wash hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. Antiseptic hand cleansers or towelettes, in conjunction with paper towels, will be used if hand-washing facilities are not available.

Employees will wash their hands or any other skin for at least five (5) minutes; or flush the mucous membranes with water immediately, (if contamination is in the eyes, flush for 10-15 minutes) or as soon as possible, following contact with blood or other potentially-infectious materials.

Smoking is not permitted in any campus building.

The mucous membranes (eyes, nose, and mouth) will be protected when there is a likelihood of splatter or splashes from blood or body fluids. All procedures involving blood or other potentially-infectious materials will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.

Mouth pipetting or suctioning of blood or other potentially-infectious materials is prohibited.

Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken, or removed (a mechanical device or a one-handed technique may be used to recap or remove needles). Immediately, or as soon as possible after use, contaminated sharps will be placed in containers which are puncture-resistant, leak-resistant, and properly labeled or color-coded. All glass and hard plastics (intact or broken), which are to be discarded, will be treated as sharps.

Specimens of blood or other potentially-infectious materials will be placed in a designated regulated waste container.

Any blood or body fluid related accident (i.e. needle stick, blood or body fluid splatter or splash to the mucous membranes) will be reported immediately to the supervisor.

Equipment which has been contaminated with blood or other potentially-infectious materials will be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. Equipment, or portions thereof, which are not decontaminated, requires that a warning label be affixed.

I. Personal Protective Equipment

All employees should have access to, become familiar with, and follow personal protective equipment policies established at all of the BCCC facilities and of those off-campus clinical sites, at which they are participating in clinical experiences for students. Personal protective equipment will be provided, at no cost to the employee, when there is potential for an occupational exposure. A list of protective equipment is included in Appendix A, Section I; however, for example, personal protective equipment may include the following: gloves, gowns, laboratory coats, face masks, face-shields or safety glasses, mouthpieces, resuscitation bags, pocket masks, or other ventilation equipment.

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

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

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

Appropriate personal protective equipment in appropriate sizes will be readily accessible in each work area. In most instances, personal protective equipment will be provided at off-campus clinical sites by the participating facility for BCCC students involved in patient care activities, which may involve exposure. Types of equipment and its location will be determined by the facility's Exposure Control Plan.

Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially-infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

Hypoallergenic gloves, glove liners, powderless gloves, and other similar alternatives will be readily accessible to employees who are allergic to gloves normally provided.

Cleaning, laundering, repair, replacement, or disposal of personal protective equipment will be provided at no cost to employee. The Program Coordinator should be contacted. PPE contaminated with blood or other bodily fluid (human and animal) shall be either placed in marked "BIOHAZARD" bags and disposed of appropriately **OR** provisions made through the Program Coordinator to have garments laundered professionally or on site **OR** owner could take their clothes off campus to wash it themselves. Student lab coats should be washed in hot water and bleach, as necessary, during the semester and washed at the end of each semester.

Personal protective equipment will be utilized when working with patients and potentially-infectious materials; disposable protective gloves will be used during direct patient care and handling of contaminated disposable waste items.

If a garment(s) is penetrated by blood or other potentially-infectious material, the garment must be removed immediately or as soon as feasible.

Personal protective equipment will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.

Utility gloves will be decontaminated for reuse, if the integrity of the glove is not compromised. They must be cleaned in a 10% solution of bleach, and examined carefully before reusing. They must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration.

Personal protective equipment for on-campus sites will be located in specific places as designated by individual divisional policies/procedures.

J. Sharps

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

Contaminated sharps will be discarded immediately or as soon as possible in containers which are closable, puncture-resistant, leak-proof on the sides and bottom, and labeled with the international biological hazard symbol and the wording "BIOHAZARD", on red containers.

The sharps containers will be easily accessible to personnel and located as close as possible to the areas where sharps are used.

The sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overfill.

During replacement or removal from the work area, the sharps containers will be closed to prevent the spillage or protrusion of contents during handling, storage, transport, or shipping. The sharps containers will be placed in a secondary container if leakage is possible.

Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of a percutaneous injury.

Immediately, or as soon as possible, after use, contaminated reusable sharps must be placed in containers until properly decontaminated. These containers will be puncture resistant, leak-proof on the sides and bottom, and will either be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.

All reusable sharps will be properly sterilized or decontaminated after use as recommended by the Center for Disease Prevention and Control.

Contaminated reusable sharps will not be stored in a manner which requires employees to reach into the containers.

K. Specimens

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

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

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

If outside contamination of the primary container occurs, the primary container is to be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded appropriately.

If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to having the above characteristics.

Spills of infectious material will be handled using an appropriate spill kit.

L. Laundry

Employees handling contaminated linen will wear protective gloves and other appropriate PPE to prevent exposure to blood or other potentially-infectious materials during the handling and sorting of soiled linen and other fabric items.

Laundry that is contaminated with blood or other potentially-infectious materials or that may contain contaminated needles or sharps will be treated as if it were HBV/HIV infectious and handled as little as possible with a minimum amount of agitation.

Contaminated laundry will be bagged at the location where it was used.

Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "BIOHAZARD."

The "BIOHAZARD" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag will be transported in bags or containers which prevent the fluids from the exterior.

All contaminated laundry shipped off-site to another facility which does not utilize Universal Precautions must be labeled or color-coded as follows:

- Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "BIOHAZARD."

- The "BIOHAZARD" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.

- Red bags or red containers may be substituted for labels.

The laundry service will be contacted by the Program Coordinator before shipping.

M. Housekeeping

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

All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially-infectious materials.

The process of decontamination will be conducted after completion of procedures; when surfaces are overtly contaminated; after the spill of blood or other potentially-infectious material; and at the end of the work shift, if the surface may have become contaminated since the last cleaning:

- Only approved disinfectants will be used, such as a 10% solution of sodium hypochlorite (household bleach) mixed fresh each day; or as listed in Appendix A, Section H.

- Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent will be removed at the end of the work shift or whenever they become overtly contaminated during the shift.

- Any bins, pails, cans or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.

- Broken glassware must be handled with the aid of a mechanical device (i.e. brush and dustpan, tongs, or forceps).

N. Regulated Waste

Regulated waste includes:

- Liquid or semi-liquid blood;
- Other potentially-infectious materials that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed;
- Items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling;
- Pathological and microbiological wastes containing blood or other potentially-infectious materials; and
- Any item, such as bandages, gauze, linens, or used personal and protective equipment that becomes covered with or contains liquid blood or other potentially-infectious materials.

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

- Specimens of blood or other potentially-infectious materials will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping.
- For disposal of regulated waste, BCCC shall provide containers that are:
    1. Closable.
    2. Constructed to contain all contents and prevent leakage of fluids.
    3. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.
- The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.
- If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container.
- BCCC shall place the containers for regulated waste in every appropriate laboratory and classroom.
- Immediately, or as soon as feasible after use, disposable sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and that are labeled with a

"BIOHAZARD" symbol or color-coded in red. A commercial sharps container is acceptable.

- Any regulated waste is picked-up and transported by an outside contractor.

O. Hazard Communication

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

P. Blood Spills

At BCCC (except in special medical programs) employees and students are <u>not</u> to clean up another person's blood unless it is a part of the specific job duties and the employee has been properly trained.

Q. Hepatitis and Hepatitis B Vaccine

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

- Hepatitis B Vaccine
- Three (3) doses of Hepatitis B vaccine are needed to confer protection. Clinical studies have shown that after three (3) doses, ninety-six percent (96%) of healthy adults have been seroprotected. Doses are administered at zero (0), one (1), and six (6) months.
- Employees who may have an occupational exposure will be provided, at no cost, the Hepatitis B vaccine and vaccination series, as well as post-exposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.
- Protocol for the above procedures will be performed under the supervision of a licensed physician or by another licensed healthcare professional and provided in accordance with the recommendations of the U.S. Public Health Service.

- The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 Bloodborne Pathogens if they do not have one.
- The Hepatitis B vaccination will be available to employees within ten (10) working days of initial assignment involving potential exposure and after they have received training on the required subjects.
- The Hepatitis B vaccine and any future booster(s) recommended by OSHA will be available to employees who have an occupational exposure unless they have previously received the complete Hepatitis B vaccination series and antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.
- A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination.
- An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date.
- Employees who decline to accept the Hepatitis B vaccination will be required to sign the declination statement, Appendix 2.
- All part-time employees who may have occupational exposure to Hepatitis B will be offered the Hepatitis B vaccine free of charge, as long as they are employed by BCCC. If the employee terminates employment at BCCC before the completion of the vaccination series, that individual will be responsible for completing the series at his or her own expense.
- Employees who have already had the vaccine at another location must send or deliver a copy of their vaccination record to the Program Coordinator to be placed in the employee's file.

R. Post-Exposure

For accidental exposure, immediately take the following steps:

- Immediately take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub for a minimum of five (5) minutes.

- Report the incident to the appropriate persons (e.g. supervisor, division director, or division head) IMMEDIATELY.

- If the source individual is known and present, the Division Dean will inform the individual of the incident and the need for him/her to be tested. Testing of the source individual must be done at no cost to him/her. If the source individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need to be tested.

- If the source individual refuses to be tested or does not report for testing within a reasonable time, the source individual's physician should be contacted; or if the physician is not known, contact the County Health Department Director.

- Be sure to contact the Human Resources office to complete an Exposure Incident Report (Appendix 4). Additional information should be obtained if the source individual is known. It will be necessary to report the incident to the insurance representative within forty-eight (48) hours so that a worker's compensation form can be completed.

Arrangements for a confidential medical consultation and follow-up are made at no cost to the employee, and at a convenient time and location. A letter and incident report form are sent to the physician by the Program Coordinator, Appendix 3. BCCC medical provider information is listed in Appendix A, Section J.

BCCC will provide documentation detailing the route(s) of exposure, the circumstances under which the exposure incident occurred, and the identity of the source individual, unless such identification is not feasible or is prohibited by state or local law. (recorded on Incident Report form, Appendix 3)

If known, the source individual's blood will be tested by a physician for HBV and HIV as soon as feasible, within forty-eight (48) hours; however,

If the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

Whether the source individual's blood tests are done as a result of the exposure incident or previous testing has revealed the source individual to be infected with HBV or HIV, the results from the Health Department of the source individual's blood tests will be given to the exposed employee.

The Human Resource officer will inform the employee of applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual at the time the source individual's testing results are given to the employee.

If the source individual cannot be identified, the exposed employee's blood will be tested for HBV and HIV infectivity as soon as feasible within forty-eight (48) hours and with consent.

If the exposed employee consents to baseline collection of blood, but refuses HIV testing, the laboratory is instructed to preserve the sample for ninety (90) days. (If, the employee elects to have the sample tested during this time period, this shall be done.)

If all tests on the source person and the exposed employee are negative, and the exposed employee has an adequate Hepatitis B immunity response, there will not be a need for further testing. Each case will be evaluated individually and test results reviewed. If the source person is positive for Hepatitis B or HIV at six (6)

weeks, twelve (12) weeks, and six (6) months after exposure, the employee must give consent for re-testing on each occasion.

Follow-up of the exposed employee will include counseling, medical evaluation of any acute febrile illness that occurs within twelve (12) weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practices.

Following an exposure incident, BCCC will provide the healthcare professional with the following information if the employee chooses to be treated by their personal physician:

- A copy of The Standard: 29 CFR 1910.1030 if they do not have one.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
- Results of the source individual's HIV and HBV testing if available.
- All records relevant to the appropriate treatment of the employee, including his/her vaccination status.

An evaluation of the employee's work practices and protective equipment or clothing used at the time of the incident must be made by the Program Coordinator and changes made as indicated.

BCCC will provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of completion of the medical evaluation.

S. Training

Training Requirements

Training will be provided for employees who are at risk for occupational exposure to blood or other potentially-infectious materials and hazardous chemicals. See Appendix A for list of employees requiring training.

All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.

Training sessions for employees will be scheduled:

- At the time of initial assignment to tasks involving occupational exposure.
- Whenever tasks or procedures change which affect an employee's occupational exposure.
- When required due to unusual circumstances.

  For employees who have received training on bloodborne pathogens in the year preceding the effective date of the applicable Bloodborne

Pathogen OSHA Standard, only training with respect to the provisions of the OSHA Standard which were not included need be provided.

Annual training for all employees shall be provided within one (1) year of their previous training.

BCCC shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the exposure(s) created.

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

Content of Training Sessions

The training program shall contain, at a minimum, the following elements:

- An accessible copy of the regulatory text of this OSHA Standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially-infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of protective equipment.
- An explanation of the basis for selection of personal protective equipment and how to gain access to it.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially-infectious materials.
- 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, labels, and/or color-coding required by the OSHA Standard.
- An opportunity for interactive questions and answers with the person conducting the training session.
- Training will be conducted internally and by the Environmental Health and Safety Institute (EHSI) from Blue Ridge Community College via :
    - SafetyNet training (webinars) on the first and third Tuesday of each month
    - Webinar classes begin promptly at 10 am and will last for approximately 1 hour and 15mins. To access the trainings, go to www.blueridge.edu/ehsi and then click on SafetyNet online training follow the directions and enter the password to take the webinar training. The password is “Safety1”.
    - In house where we will invite a member of Blue Ridge’s EHSI team to our campus to deliver this training to a large assembly of employees.

T. Revision History

Date	Rev #	Changes
August 2017	7	Reviewed by HS&C Hygiene Committee
July 2016	6	Reviewed by HS&C Hygiene Committee
July 8, 2015	5	Approved by Senior Staff
June 1, 2015	4	Inclusions of App A, 29 CFR 1910.1030
September 2014	3	Inclusion of GHS & SDSs
October 2013	2	Various
May 2003	1	Various
February 1997	0	New Issue

U. BCCC Exposure Control Plan

Appendix A

AD. A copy of the Exposure Control Plan is located in the following areas:

X Program Coordinator's Office (name): Health & Safety Coordinator Office

X Division Dean's Office **X** Pertinent Labs

X Human Resources Office __ Other (list):_____

BD. Employees are informed of the location of this & other safety plans:

X During Orientation

X Other (list): Annual Safety Training

CD. Training Records are maintained by the Program Coordinator.

Training Records are located: in Human Resources & with Division Deans and Program Coordinators

D. Exposure Records are maintained by the Program Coordinator.

Exposure Records are located: Human Resources

E. Exposure Determinations are made by the Program Coordinator.

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

TITLE	TASKS
X Associate Degree Nursing Clinical/Lab Instructor and LPN Clinical/Lab Instructor	Clinical activities typically in on & off-campus setting
X Nurse Aide Clinical/Lab Instructor	Clinical activities typically in on & off-campus setting
X BLET Instructor	Instructing activities on campus
X Custodial/Housekeeping/Maintenance	Cleaning and maintaining facilities on campus
X Campus Police and Safety	Law enforcement activities in on- and off campus settings
X Early Childhood Instructor	Instructional activities typically in off campus activities
X EMT Instructor	Instructional activities typically in off campus activities
X First Aid Team	Administration of first aid procedures on campus
X Cosmetology Instructor	Instructional activities including sharps on campus
X Medical Lab Technology Clinical/Lab Instructor	Clinical activities in both on and off campus activities
X Science Lab Instructors that do blood typing, blood smears, or culture microbes. (Biology, A&P, Microbiology instructors	Instructional activities on campus
____ Other (list): _____	

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

	Job Titles:	Tasks Performed:
X Emergency First Aid (list job titles & tasks)	• First Responder Team • Nursing faculty • EMT faculty • Science Lab Faculty • BCECHS science lab faculty • Industrial trades faculty • Agribusiness lab faculty • BLET faculty	Administration of first aid assistance

	Job Titles:	Tasks Performed:
X Cleaning blood or other body fluids:	• Custodial • Housekeeping • Maintenance	Cleaning and maintaining campus facilities

H. What cleaning solution do you use to decontaminate?

X Bleach solution 10%

X Other approved cleaners (list): Biological and chemical spill kits, germicidal disposable wipes or germicidal sprays

I. What Personal Protective Equipment is available?

X Latex Gloves
X Non-Latex Gloves
X Eye Protection
_____ Other (list): _____

X Face Masks (face shields)
X Aprons/Gowns
X Safe Needle Device

J. To which medical provider would you refer an exposed employee?

Name: Carolina East Medical Associates

Address: 1201 Carolina Ave, Washington, NC 27889

Phone: 252-975-0600

Name:	Urgent Care Down East
Address:	1412 Carolina Avenue, Washington, NC 27889
Phone:	252-623-2000

V. BCCC Hepatitis B Vaccine Record Form

Appendix B

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

Name	SSN	Date of Birth	Age

Address	City	State	Zip	Home Phone

Signature	Date	Division

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

Hepatitis B Vaccine Declination Form

(complete either section 1 or 2)

1. **If you have never received Hepatitis B vaccine:**
   I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to myself.

Signature of employee:_____ Date: _____

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

Signature of employee:_____ Date: _____

Year of hepatitis B vaccine: _____
Through what organization: _____

W. BCCC Letter to Physician Evaluating Employee Injured From Possible Blood Exposure

Appendix C

Dear Dr. _____:

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

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

_____ The source cannot be determined.

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

_____
_____
_____

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

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

_____

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

Sincerely,

X. BCCC Exposure Incident Form

Appendix D

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

Location: _____

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

Type of infectious material (blood, body tissue, body fluid, vomit, microbe culture) and amount, if known:

Parts of Body Exposed: _____

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

Circumstances (work being performed etc.):

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

_____

Methods of control in place: _____

Personal protective equipment being used: _____

If personal protective equipment was not being used, explain why: _____

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

Recommendations for avoiding future incidents: _____

The Division Dean/Supervisor must complete this form in addition to the Incident Investigation Form. Contact the Program Coordinator for questions.

Y. BCCC Pandemic Preparedness Plan

SCOPE:

A pandemic flu occurs when a new influenza virus appears in humans, spreads easily from person to person, causes serious illness, and moves across the globe. New flu viruses cause flu pandemics. Because they are new, humans have little or no immunity to them, leading to rapid disease spread person to person.

The BCCC Pandemic Flu Plan (PFP) is designed to be integrated into the:

- Comprehensive Emergency Management Plan
- Bloodborne Pathogens/Infectious Disease Control Plan

This plan will establish and practice:

- Planning and coordination for an influenza pandemic
- Continuity of Student Learning and Operations
- Infection control policies and procedures
- Communication to college students, faculty, staff, and the general public

PURPOSE:

BCCC has created this Pandemic Preparedness Plan to guide the College in preparing for and responding to a pandemic influenza outbreak. The purpose of this plan is to minimize the impact of an influenza pandemic on students, faculty, and staff, by describing the specific actions to be taken by the College, based on the following objectives and assumptions.

Objectives:

- Protecting lives, safety, and health of all students, faculty, staff, and visitors at every BCCC campus site.
- Effectively communicating with all involved parties throughout the duration of a pandemic.
- Providing for the continuation of as many college operations and services as possible, as long as it is safe to do so.
- Preventing the spread of infection through health and hygiene education

Assumptions:

- Up to 30% of the workforce could be out sick during a pandemic. People may decide to stay home to care for family members, or stay home, because they are afraid of exposure.

- In the event of a pandemic, the State of North Carolina will have minimal resources available for local assistance, and local authorities will be responsible for community based response plans.
- A pandemic flu will easily and rapidly spread from person to person resulting in substantial absenteeism at the College.
- Vaccines and antiviral medications will be in short supply during the initial months after the onset of a pandemic.
- Direction to close schools, public events, restrict travel, and quarantine area, may come from the N.C. Division of Public Health and/or the Beaufort County Health Department.
- During a pandemic, BCCC may need to close facilities for four to twelve weeks or longer.

Relationship to Current Emergency Plans

If a pandemic impacts the normal operations at BCCC, the College will implement the existing emergency management structure in the *BCCC Comprehensive Emergency Management Plan* to manage the response and recovery activities prior to, during and after a pandemic. ***The Pandemic Preparedness Plan*** is integrated with the ***BCCC Comprehensive Emergency Management Plan*** and the ***BCCC Bloodborne Pathogens/Exposure Control Plan*****.** Information on the ***BCCC Comprehensive Emergency Management Plan, Bloodborne Pathogens/Exposure Control Plan/Pandemic Preparedness Plan****,* and other emergency/procedure plans can be found on the college website.

Authority

The BCCC Pandemic Preparedness Plan will be authorized by the President of the College. The plan is designed to work in conjunction with plans by the Beaufort County Health Department, the Beaufort County Office of Emergency Services and shall be subordinate to all local, State and federal pandemic plans. A copy of the plan will be provided to the Beaufort County Health Department and the Beaufort County Office of Emergency Management.

Communication

Information on the current situation concerning any activity on a potential pandemic will be posted on the BCCC Website, and messages will be distributed via college and student e-mail systems, closed circuit television, posters, other communication methods, and external media. Links to important sites including the World Health Organization, Center for Disease Control, Beaufort County Health Department, N.C. Department of Health and Human Services, and the official Federal site, www.flu.gov will be provided. Information about reducing the spread of infection such as vaccination schedules and procedures for social distancing and hand washing and will be available on the BCCC Website.

Roles and Responsibilities

Emergency Operations Center (EOC)

The EOC is staffed by the President, Senior Staff, Chief Financial Officer, Chief of Police, Director Of Campus Operations, Public Relations Coordinator and College Attorney (as appropriate), and will be operated as the situation dictates. During the early phases of the onset of a pandemic, the President may decide to discuss action plans for the College response based on information from the State and local authorities on how and when the pandemic is projected to affect the state, eastern region or Beaufort County area.

Faculty and Staff

Faculty and staff have the responsibility to stay informed about any emergency information from the College and to provide that information to their students and visitors. If a potential pandemic situation occurs, faculty and staff will be expected to follow the recommendations issued by the College, such as campus closings, social distancing policies, and personal hygiene procedures, and share that information with students and visitors. All information will be posted on the BCCC Website.

Students

BCCC is committed to providing a safe and healthy environment for students in all situations. Students have the responsibility to stay informed about current events and take the necessary precautions to ensure their personal safety and health. In a potential pandemic, students will be expected to follow all recommendations issued by the College.

Public Relations Coordinator

The BCCC Public Relations Coordinator will be responsible for monitoring and disseminating up-to-date pandemic information from public health sources, including maintaining frequent communication with the Beaufort County Health Department to keep BCCC personnel informed of the latest developments in the community. Such information will be posted on the BCCC Website and communicated via other appropriate avenues.

Critical Functions and Essential Personnel

Preparing for an influenza pandemic is significantly different than planning for man-made and natural emergencies. Since most disasters such as tornadoes, fires, or hazardous material releases are site specific and pose an immediate threat to personnel and property, recovery usually begins within days of the incident. In planning to respond to a pandemic, the focus will be on preparing for extended interruption of college activities, including long periods of class cancellations, campus closures, and significant increase in student and

employee absenteeism. Recovery may not begin for four to 12 weeks. It is of the utmost importance to identify essential personnel and critical functions early in the planning process in order to continue to deliver the vital services required to keep the College functioning.

Table 1 lists the critical functions that must be maintained at all times. In maintaining the critical functions, divisions have been identified as having responsibility for either essential onsite personnel or essential remote personnel. Each responsible division in the list should identify specific individuals (and alternates) within their division and inform these individuals of their role.

Table 1 **CRITICAL FUNCTION**	**DIVISION RESPONSIBLE (ONSITE ESSENTIAL PERSONNEL)**	**DIVISION RESPONSIBLE (REMOTE ESSENTIAL PERSONNEL)**
Facilities (shut down operations and basic maintenance)	VP for Administrative Services & Director of Campus Operations	VP for Administrative Services & Director of Campus Operations
Secure Campus and Buildings	VP for Administrative Services, Chief of Police & Director of Campus Operations	VP for Administrative Services, Chief of Police & Director of Campus Operations
Continuation of Critical Administrative Functions (student financial aid, employee leave, continuation of benefits, and pay practice, accounts payable, purchasing)	VP for Administrative Services, VP for Student Services, & Director of Human Resources	VP for Administrative Services, VP for Student Services, & Director of Human Resources
Information Technology Infrastructure (shutdown and maintenance, support services for essential personnel)	Director of Information Technology	Director of Information Technology
Communication (internal and external communication, media relations, situation reports)	VP for Student Services & Public Information Officer	VP for Student Services & Public Information Officer
Human Health (monitoring activities of essential personnel and personal protective equipment [PPE] requirements)	Director of Human Resources, Chief of Police & Director of Campus Operations	Director of Human Resources, Chief of Police & Director of Campus Operations
Incident Command Center (monitor situation, develop action plans, communicate with local authorities on pandemic status)	President and Incident Command Team	President and Incident Command Team

Special Considerations – College-Wide Concerns

Certain topics of concern have been identified that are college wide in scope and need further consideration for future planning efforts. Each division has developed and regularly reviews a Continuation of Operations Plan (COOP) as part of the Business Continuity Plan. The following considerations are addressed in the COOP.

Faculty and Student Support

• Consideration should be given to developing policies and procedures for emergency actions such as regulation waivers concerning matters like reducing the required hours of instruction if a semester should end early, leaving dates and times open for finals and allowing grades to be turned in whenever a student completes a course, or other methods for completing courses.
• Consideration for creating companion Websites for all courses in the event a decision is made to continue coursework on-line.
• Use Learning Management Systems (Blackboard and Moodle) as another means of communicating policies.
• Developing a list of courses that could be offered completely online with no need for students or faculty to attend on-campus classes.
• Developing a policy or guidelines to address academic concerns of students absent from classes due to illness, isolation, or quarantine.
• Developing contingency plans for issues related to tuition payments and refunds, withdrawal policies, and registration.

Human Resource Issues

• Identifying and documenting key positions with high risks of exposure and establish expectations and standards of operation for these key positions.
• Developing policies and procedures for absences related to the pandemic including reporting absences, continuation of benefits and pay practice.
• Establishing procedures for time recording, for able employees choosing not to report to work and for prohibiting infected employees from reporting to work (method of detection, disciplinary action and return to work triggers).
• Establishing an understanding of pandemic illnesses as related to workers compensation.
• Preparing policy to restrict travel to and from infected areas.
• Developing partnerships with healthcare facilities in order to provide service to employees, including vaccinations if possible.
• Preparing insurance processes to address health, disability and supplemental insurance issues.
• Preparing work-at-home guidelines that address telecommuting issues.

Information Technology and Telecommuting Demands

• Preparing for increased demand on information technology infrastructure for voice and data communications in the event the College is closed and classes are canceled.
• Preparing for the technology support required for developing the list of online courses to be offered when the College is closed during a pandemic.
• Consulting with IT personnel to determine what is needed to continue with college operations, by developing alternate work policies such as telecommuting, teleconferencing and videoconferencing.

Students/Staff Traveling Abroad

According to the N.C. Pandemic Influenza Plan, as the pandemic spreads from country to country, N.C. Division of Public Health will review updated country-specific travel on the CDC Travelers' Health Website (www.cdc.gov/travel/) and disseminate U.S. DHHS recommendations to stakeholders. Advisories might include:

• Travel Health Precautions that describe steps that can be taken to reduce the risk of infection (e.g., avoiding travel to high-risk settings and communities where transmission is occurring).
• Travel Health Warnings that recommend postponement of nonessential travel.

All divisions at BCCC should be aware of students, faculty and staff traveling on College business, and following recommendations from federal, State and local public health officials, implement plans for restricting or limiting travel and canceling future travel base on WHO phases.

Public Health/Infection Control Measures

• Educating the College community on ways to limit the spread of disease.
• Establishing a social distancing policy to further reduce the risk of spreading disease. Two ways of increasing social distance activity restrictions are to cancel events and close buildings or to restrict access to certain sites or buildings. These measures are sometimes called "focused measures to increase social distance." Depending on the situation, examples of cancellations and building closures might include: cancellation of public events (concerts, sports events, movies, plays) and closure of recreational and exercise facilities.
• Enhancing housekeeping to provide infection prevention supplies such as soap, alcohol-based hand sanitizers, tissues and disposal receptacles.

Recovery

Planning for recovery from a pandemic will assist the College community in returning to normal operations as quickly and efficiently as possible. Recovery will be dependent on several factors such as the duration of the pandemic, the length of time the College is closed, the number of students, faculty and staff affected and the time of year (mid semester, summer …). Topics that should be considered include:

Returning to Normal Operations
The Incident Command Team will make decisions on how the College will return to normal operations based on the situation and information from the State and local public health authorities. The plans for resumption of college business will be communicated to employees and students by the procedures outlined in the Emergency Response Procedures. Recommendations may include making adjustments to the academic calendar and rescheduling special events.

Support for Students, Faculty and Staff
Consideration should be made for providing psychological counseling and crisis debriefing to individuals affected by the pandemic. Effects may include loss of loved ones, health issues related to the disease, or financial hardship due to interruption of work.

BCCC Response

Federal Government Response Stages and the World Health Organization Phases

In October 2009, the Federal government issued the *CDC Guidance for Responses to Influenza for Institutions of Higher Education* and the *Technical Report on CDC Guidance for Responses to Influenza for Institutions of Higher Education* (www.flu.gov). Included in these documents are recommended responses, tools and strategies that college and university classes can use in various pandemic severity levels. A Pandemic Severity Index has been established to be used as a tool by communities in their planning efforts and has assigned federal response stages aligned with the World Health Organization (WHO) Global Pandemic Phases

BCCC Alert Levels and Actions

Table 2 outlines the general actions to be taken by the College during a pandemic event, based on the Federal Response Stages and WHO pandemic response alert phases. Additional actions taken by the College, related to the pandemic, will be based on information provided by federal, State, and local government, and particularly the Beaufort County Health Department. http://www.cdc.gov/media/pdf/MitigationSlides.pdf

Table 2 BCCC ALERT LEVEL	BCCC ACTIONS
BCCC LEVEL 1 **No human-to-human spread of disease** WHO PHASE 3 and Federal Government Response Stage 0	• Review and approve updated Pandemic Preparedness Plan • Review COOPs; all departments identify critical divisional functions and report to VPs • Monitor situation through WHO, CDC (www.flu.gov), N.C. Dept. of Health and Human Services, Beaufort County Health Department • Identify all essential onsite personnel • Identify all essential remote personnel • Health and safety fit test all essential personnel and order PPE • Develop contingency plans for instruction and enrollment management procedures • IT - prepare for support of remote critical functions, remote access and increased system usage • Develop HR policies and procedures for handling work related issues during pandemic (absences, travel, insurance, etc.) • Develop templates for communicating pandemic messages to employees, students and public • Begin education campaign to promote healthy habits
BCCC LEVEL 2 **Human-to-human transmission found but localized. Confirmed outbreak overseas** WHO PHASE 4-5 and Federal Response Stage 1-2-3	• Alert Emergency Management Group (EMG) and activate Emergency Operations Center • Notify essential personnel to prepare for shut down operations • Distribute PPE to essential personnel • Activate Public Relations Plan to keep College community updated on current status • Coordinate with NC and Beaufort County Health Department and County Office of Emergency Management • Monitor all travel abroad programs and advise based on CDC Travel Warnings and locations • All divisions prepare to integrate contingency plans
BCCC LEVEL 3 **Widespread outbreak in North America and overseas** WHO PHASE 6 and Federal Response Stages 4 & 5 **Level 3** actions will be based on the location of the disease within North America	• Virtual EOC activated and EMG continue to monitor the situation • Close campus • All classes canceled except online classes • All special events and activities cancelled • Essential onsite personnel report to campus for shut down operations

	• Essential remote personnel continue to perform critical function • Activate COOP
BCCC Recovery & Resumption – BCCC returns to normal operations (Refer to Disaster Checklist)	• College facilities reopen and classes resume • Incident Command Team holds debriefing session

Potential Resources for the Community

It is expected that the community resources will be overwhelmed during a pandemic. The Beaufort County Emergency Management Office and Beaufort County Health Department will be responsible for coordinating area health care services and may request resources and volunteers from the community including area schools. Some resources BCCC may be asked to provide are:

- Nursing/Allied Health students
- Various types of medical supplies used in teaching labs
- Facilities
- IT personnel
- Public Information personnel

References and Additional Resources

BCCC Business Continuity Plan: THIS LINK WILL CHANGE AS OTHER PLANS ARE APPROVED
http://www.beaufortccc.edu/sacs/directory/PDF/BCCC_College_Continuity_Plan_Final.pdf

BCCC Exposure Control Plan THIS LINK WILL CHANGE AS OTHER PLANS ARE APPROVED
http://www.beaufortccc.edu/gneral/police/PDF/Exposure.pdf

N.C. Department of Health and Human Services' pandemic flu Website: www.flu.nc.gov

The N.C. Pandemic Flu Plan:
www.epi.state.nc.us/epi/gcdc/pandemic.html

CDC guidance for colleges:
www.cdc.gov/h1n1flu/institutions/

BEAUFORT COUNTY COMMUNITY COLLEGE

Stop the Spread of Germs

STOP the spread of germs and disease that can make you and others **SICK**.

Wash your hands with soap and warm water or clean with alcohol based hand sanitizer, if soap and water are not available.

Cover your mouth when you sneeze or cough. Cough into your upper sleeve, use tissues, and discard them properly.

Keep a social distance of 3 feet.

- Limit face to face meetings if possible.
- Consider Telework.

High germ-ridden areas.

- Gym
- Restrooms
- Desk
- Computer Keyboard and Mouse
- Door Knobs
- Phones
- Fax/Copy Machines

If you are sick, please stay at home

Beaufort County Community College

Z. Bloodborne Pathogens/Infection Control Plan/Pandemic Flu Procedure

Training Documentation Record

Name:_____Date:_____

Division:_____Building & Room:_____

On the above date, I have received the above training on the following subjects:

- An accessible copy of the regulatory text of this OSHA Standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of protective equipment.
- An explanation of the basis for selection of personal protective equipment and how to gain access to it.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially-infectious materials.
- 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.

Signature:_____Printed Name:_____

Supervisor's Signature:_____

Supervisor's. Printed Name:_____

References

Legal References: *29 CFR 1910.1030*

Cross References:

History

Senior Staff Review/Approval Dates: *7/8/2015*

Board of Trustees Review/Approval Dates: *Not Applicable*

Implementation Dates: *7/8/2015*