**WICHITA STATE UNIVERSITY**

Athletic Training Program

**EXPOSURE CONTROL PLAN**

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed for Athletic Training Program at Wichita State University (WSU).

**PURPOSE AND SCOPE**

The purpose of the Exposure Control Plan is to limit occupational exposure to blood or other potentially infectious material that result in the transmission of bloodborne pathogens. The “Exposure Control Plan” will be readily available to all students in the Athletic Training Program (ATP) or anyone observing in the clinical setting. This plan will cover all students in observation who have the risk for a bloodborne pathogen exposure. The plan includes a list of all tasks and procedures in which occupational exposure could occur.

The Exposure Control Plan for ATP is managed and reviewed annually by the Program Director of the Athletic Training Program and submitted to the WSU Environmental Health and Safety Officer.

**METHODS OF COMPLIANCE**

The risk of bloodborne pathogen exposure will be minimized or eliminated by the implementation and use of:

1. Standard (universal) precautions
2. Hand washing or appropriate hand hygiene practices
3. Establishing engineering and work control practices
4. Use of necessary personal protective equipment
5. Implementing appropriate housekeeping procedures and labels to communicate hazards
6. Post exposure evaluation and management
7. Student training provided annually. Updates will be provided when any new hazards or controls are identified

**1) Standard Precautions**

The purpose of Standard Precautions is to protect the student from exposure to potentially infectious agents. Standard precautions will be implemented to prevent students from parenteral, mucous membrane, and non-intact skin exposure to potentially contaminated body fluids.

Standard Precautions means that the blood and body fluids or other potentially infectious materials (OPIM) of all patients will be regarded as possibly infectious, whether infection status is known or unknown. These body fluids can potentially carry infectious agents including human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) or other infectious agents.

Body fluids that are considered potentially infectious materials include all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. This includes anybody fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**2) Hand Washing**

Appropriate hand hygiene methods will decrease contamination. There are two methods of hand hygiene available: 1) use of soap and running water (washing of hands) to remove contamination and 2) use of antiseptic hand cleansing products.

Handwashing facilities are available in the laboratory and bathrooms. Antiseptic hand cleansing products are also available in the laboratory, and clinical areas.

Students should wash their hands immediately or as soon as possible after removal of gloves and after hand contact with blood or other potentially infectious material. If an exposure occurs to the mucous membrane or eye, that area should be washed or flushed with water as soon as possible following the contact.

**3) Personal Protective Equipment**

When there is a potential for occupational exposure, the student should use appropriate protective equipment (PPE) such as, but not limited to, gloves, aprons or lab coats, face masks, eye protection; and for resuscitation of patients, mouth pieces, resuscitation bags, and pocket masks. PPE will be readily accessible in clinical areas. PPE should be that is torn or punctured should be removed and replaced. Students should remove PPE before leaving work area.

**Gloves**

Gloves should be worn when the student has the potential for the hands to have direct contact with blood/body fluids, or other potentially infectious materials, mucous membranes, nonintact skin, when performing vascular access procedures and when handling items or surfaces soiled with blood/body fluids or other potentially infectious material.

Disposable (single use) gloves, such as surgical or examination gloves should be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. Gloves should not be washed or re-used.

**Mask and Eye Protection**

Masks and eye protection should be worn whenever splashes, spray, splatter, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination.

**Clothing (lab coats, gowns, etc.)**

Appropriate protective clothing should be worn when the student has a potential for occupational exposure. The type and characteristics will depend upon the task and degree of exposure anticipated. However, the clothing selected should form an effective barrier.

**4) Housekeeping and Hazard Labels**

**Routine Cleaning**

Surfaces should be decontaminated with a solution of 5.25% sodium hypochlorite (household bleach) diluted to 9 parts water (a 1:10 dilution) to yield a working solution that contains 0.525% sodium hypochlorite or appropriate disinfectant. The working solution of 0.525% sodium hypochlorite (household bleach) solution will be made fresh weekly. Cleaning will be done after completion of procedures, when surfaces are overly contaminated, or once weekly. Gloves are to be worn for cleaning clinical area and the lab.

All receptacles intended for biohazard collection that has a potential for becoming contaminated with blood or other potentially infectious materials should be disinfected on a regular basis with 1:10 bleach to water solution.

**Spills**

Surfaces (floors, exam tables, cabinet tops, etc.) that are contaminated with blood or any blood containing body fluids (urine, vomitus) must first be contained by towels and other absorbent material. Students must wear gloves to pick up waste material. This material must be placed in an orange/red biohazard bag/container if soaked with blood or blood products. The spill area shall be cleaned with a solution of 6 percent sodium hypochlorite (household bleach) diluted to 1 part bleach to 10 parts water. A small spill may be diluted with 1:10 solution of household bleach and allowed to set for five minutes and wiped up.

**Trash/Bio hazardous Materials**

All hazardous materials will be identified with appropriate labels put on containers and/or locations to communicate presence of hazard. See Bio hazardous Disposal Policy.

**Sharps and Sharps Containers**

Sharps Containers will be used for the disposal of all needles, scalpels and other sharp instruments. Containers shall be closable, puncture-resistant, leak proof and labeled or color-coded. Contaminated needles will not be bent, removed, sheared or purposely broken prior to disposal in sharps container.

Immediately after use, sharps should be disposed of in closable, puncture-resistant, disposable containers that are leak proof and are color-coded. Used needles should not be removed from disposable syringes. These containers are accessible to students and located in the lab.

These containers should be replaced routinely and **not** allowed to become overfilled. When full, containers must be closed before removal from clinic area and placed in the large biohazard container in the laboratory. Stericyle has been contracted to pick up all biohazard trash on a monthly basis for sterilization and disposal according to their policy for handling of hazardous materials.

**Laundry**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. This laundry will not be sorted or rinsed in the area of use. All students who handle contaminated laundry will utilize PPE to prevent contact with blood or other potentially infectious materials.

**Contaminated equipment**

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. The refrigerator and centrifuge will be decontaminated by cleaning with 1:10 bleach to water solution. The incubator will be decontaminated with 1:10 bleach to water solution on hard surfaces.

**5) Post Exposure Evaluation and Management**

The Exposure Report form will be completed by all students or faculty if they experience an exposure to blood or body fluids from another individual or an unknown source. This form should be completed as soon as possible after the incident occurs. See the Policy for Evaluation and Management of Bloodborne Pathogen Exposures for specific details on post exposure management.

Wichita State University Athletic Training Program Exposure Control Plan approved by:

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Dr. Rich Bomgardner, WSU Athletic Training Program Director Date

**RESOURCES**

OSHA Bloodborne Pathogens standard 29 CFR 1910.1030 (www.osha.gov)

Kansas Department of Health and Environment Bloodborne Pathogens Exposure Control Plan, March 2007

(www.kdheks.gov/epi/download/KDHE\_Bloodborne\_Pathogen\_Control\_Plan.pd

Document History:

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