



PROCEDURE S-103A

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN: CUSTODIAL SERVICES

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Please direct any questions or comments about the applicability of this document to the Office of Environmental Health & Safety at ehs@wcsu.edu

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1.0 PURPOSE

The purpose of this plan is to eliminate or minimize Western Connecticut State University (WCSU) employees' occupational exposure to bloodborne pathogens (BBP) or other possible infectious materials in accordance with Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030.

1.1 OCCUPATIONAL EXPOSURE DETERMINATION - CUSTODIAL SERVICES

WCSU Environmental Health and Safety (EHS) has determined the Custodial Services job classification to be at risk of occupational exposure to blood and other potentially infectious materials.

1.2 JOB TASKS AND PROCEDURES

The following list of tasks/procedures performed by the above employees are at the greatest risk for occupational exposure:

- a. Containment and cleanup of bodily fluids in the workplace
- b. Handling and disposal of discarded items, including sharps, contaminated with blood or other potentially infectious materials

2.0 DEFINITIONS

The following are important definitions that comply with this Exposure Control Plan (ECP).

- a. **BLOOD** — Human blood, human components, and products made from human blood.
- b. **EXPOSURE INCIDENT** — A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- c. **OCCUPATIONAL EXPOSURE** — While performing their duties, an employee is exposed to a potentially infectious material via eye, mouth, mucous membrane, non-intact skin, or puncture wound from a contaminated needle.
- d. **OTHER POTENTIALLY INFECTIOUS MATERIALS** — The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood.
- e. **UNIVERSAL PRECAUTIONS** — An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious with Hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other bloodborne pathogens.

3.0 IMPLEMENTATION AND PRACTICE METHODS

3.1 UNIVERSAL PRECAUTIONS

WCSU employees will practice Universal Precautions and assume that all blood and other potentially infectious materials, as defined by OSHA, are infectious and must be handled properly using engineering and administrative control, as well as personal protective equipment (PPE).

3.1.1 ENGINEERING CONTROLS

- a. **BBP Kits** - All custodial employees shall use a WCSU-provided bloodborne pathogen kit for cleaning blood or other potentially infectious materials. Tools such as absorbents, scoops, bags and disinfectants are included in each kit and are to be used in accordance with manufacturer instructions. Cleanup practices should maximize separation between individuals and infectious materials.
- b. **Biohazardous Bags** - PPE and cleaning implements contaminated with blood or other infectious materials are not to be reused. Potentially contaminated gloves, wipes, pads, and any other non-sharp waste materials shall be double-bagged and zip tied closed, using red biohazardous-labeled bags. This waste shall be stored in a secure location and given to EHS within 24 hours for storage and disposal.
- c. **Sharps Containers** - Needles, scalpels, contaminated glass and any other biohazardous sharp shall be disposed of in an appropriate sharps container. This waste shall be stored in a secure location and given to EHS within 24 hours for storage and disposal.

3.1.2 ADMINISTRATIVE CONTROLS

- a. **Communication** - If custodial employees encounter blood or other potentially infectious materials at work, they must immediately notify their supervisor. Employees are not permitted to proceed with any handling of blood or other potentially infectious materials until they have been given permission by their supervisor.
- b. **Training** - Custodial employees are not permitted to engage in any tasks where there is a high risk of exposure to blood and other potentially infectious materials, unless that employee has received bloodborne pathogen training within the past year, as outlined in section 6.0 of this document.
- c. **Handwashing** - Custodial employees must wash their hands immediately after engaging in tasks where there was a high risk of exposure to blood and other potentially infectious materials. Handwashing should also be

completed during the PPE doffing process to prevent accidental contamination. Additional information on handwashing is available in section 3.3 of this document.

3.1.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- a. **PPE** - When responding to blood or other potentially infectious materials, all custodial employees shall wear, at a minimum, safety goggles, face masks, gowns, exam gloves and shoe covers. Additional PPE, such as a bouffant, 3-mil nitrile gloves or a face shield, may be implemented at the discretion of the custodial supervisor or EHS, based on situational factors.

3.2 SCHEDULE FOR REVIEW

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- a. EHS and the custodial manager shall review the controls at a minimum of once per year. Any updates deemed necessary shall be reflected in a revised exposure control plan.
- b. EHS shall continuously monitor the implementation and effectiveness of controls throughout the year. Any injuries or near misses related to bloodborne pathogens shall prompt a review of existing procedures.
- c. Employees who are found to not be adhering to the controls outlined in this plan shall be identified by their supervisors. Supervisors are to provide prompt corrective feedback. Reoccurring issues or a general disregard for safe work practices shall be referred to EHS for re-training.

3.3 HANDWASHING

Handwashing facilities are available to WCSU employees who are at risk of exposure to blood or other potentially infectious materials, OSHA requires that these facilities be readily accessible where the risk is possible. If handwashing facilities are not available, WCSU is required to provide either antiseptic cleanser, along with a clean cloth or paper towels or antiseptic towelettes.

WCSU provides handwashing facilities at the following locations:

- a. Bathrooms in all public buildings
- b. Custodial closets
- c. Laboratories
- d. Medical exam rooms
- e. Athletic training rooms

It is the responsibility of the employee that, during and after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as possible with soap and water.

3.4 REGULATED WASTE DISPOSAL

Regulated waste presents a hazard to employees and the general public if not handled with care.

The following measures shall be taken to minimize the risk of exposure or other injuries:

- a. If sharps are found in the workplace, employees are to immediately notify their supervisor before proceeding. Employees are not permitted to move or dispose of sharps without the express consent of their supervisor.
- b. Contaminated sharps shall be placed into a designated sharp container. These containers must be puncture-proof, leakproof, securely closeable and labeled with the biohazardous symbol.
- c. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- d. Other regulated waste shall be double-bagged and zip tied closed, using red biohazardous-labeled bags.
- e. Sharps and other biohazardous waste shall be stored in a secured area and turned over to EHS within 24 hours for storage and disposal.
- f. EHS shall place biohazardous waste in the designated storage area in the Science Building volatile storage room. Sharps and biohazardous bags are to be placed in a DOT-approved bio box and sealed with tape, according to the manufacturer's instructions.
- g. Biohazardous waste shall be shipped offsite by a licensed vendor at a minimum of twice a year, during Winter and Summer intersessions. Additional waste shipments will be scheduled if storage space is not sufficient to safely or compliantly store waste.

3.5 WORK AREA RESTRICTIONS

WCSU employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is reasonable likelihood of

exposure to blood or other potentially infectious materials. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Examples of work areas where there is a reasonable likelihood of exposure include, but are not limited to:

- a. Laboratories
- b. Medical exam rooms
- c. Biohazardous waste storage (custodial closets, waste accumulation area)

3.6 PERSONAL PROTECTIVE EQUIPMENT (PPE)

All personal protective equipment used at WCSU will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eye, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment will be used.

Recommended PPE for responding to blood and other potentially infectious materials:

- a. Non-Latex nitrile gloves
- b. Safety goggles
- c. Surgical face masks
- d. Gowns
- e. Shoe coverings

3.6.1 PPE AVAILABILITY

WCSU shall ensure that appropriate PPE in the appropriate sizes are readily accessible at each particular work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

3.6.2 ADDITIONAL PROTECTION

Bloodborne pathogen response may involve additional environmental hazards, such as noise and dust, depending on the particular situation. Staff shall adhere to all other WCSU policies and procedures when

implementing PPE. Employees are to contact EHS for guidance if PPE requirements are not clear.

3.6.3 DOFFING PPE

Custodial staff will remove PPE in a manner to minimize contamination of the individual and surrounding area. PPE should not be worn outside of the affected area, as to reduce the likelihood of spreading contaminants. The following general procedure should be followed for doffing PPE after working with or near blood and other potentially infectious materials.

Steps:

1. Using a gloved hand, grasp the palm area of the other gloved hand and peel off the first glove. Hold the removed glove in the gloved hand, slide the fingers of the ungloved hand under the remaining glove at the wrist, and peel it off over the first glove. Discard in a waste container.
2. Unfasten gown ties, ensuring sleeves do not contact the body. Pull the gown away from the neck and shoulders, touching only the inside of the gown. Turn the gown inside out and roll into a bundle before discarding.
3. Immediately wash hands with soap and water or use alcohol-based sanitizer.
4. Remove goggles from the back of the head by lifting the headband or earpieces. Do not touch the front of the goggles.
5. Remove the mask by grasping the bottom ties or elastics, then the top ones, and remove without touching the front.
6. Wash hands thoroughly with soap and water immediately after removing all PPE.

3.6.4 PPE DISPOSAL AND LAUNDRY

All PPE provided for bloodborne pathogens at WCSU, such as gloves and face masks are considered disposable. PPE is not to be cleaned or reused once it is contaminated with blood or other potentially infectious materials. Soiled PPE shall be immediately double bagged in a red biohazardous bag and given to EHS for proper disposal.

Personal clothing, such as pants or boots, that have been contaminated by blood or other potentially infectious materials shall be laundered by WCSU at no cost to the employee. Personal clothing should not leave the affected area without being containerized or placed in a plastic bag, to avoid spreading contamination. If needed, a temporary change of clothing shall be provided by WCSU at no cost to the employee.

3.7 HOUSEKEEPING

All worksites are to be maintained in a clean and sanitary condition. Each worksite is to be cleaned on a schedule based upon location within WCSU, type of surfaces involved, and the work being performed in the area.

Based on the above criteria:

- a. All contaminated work surfaces will be decontaminated as soon as possible after any spill of blood or other potentially infectious materials.
- b. Non-disposable tools and other supplies will be cleaned and reused at the discretion of EHS. Equipment contaminated with blood or other potentially infectious materials must be disinfected with an EPA-registered BBP cleaner, following manufacturer instructions, and cleaned thoroughly before being returned to service. Alternatively, items shall be disposed of in accordance with section 3.4 of this plan.

3.8 CLEANUP PROCEDURES

Custodians shall follow the procedures outlined below responding to a spill or other contamination involving blood or other potentially infectious materials.

Steps:

1. Notify a supervisor of the potential hazard immediately, using a phone or verbal communication.
2. Block the affected area from unauthorized entry, using signs, cones, caution tape, or by posting employees by the entrances. Notify those nearby to stay clear of the area.
3. Do not proceed with any cleanup until given express consent from the custodial supervisor in charge. Only proceed if you have received bloodborne pathogens training within the past year, as outlined in section 6.0 of this document.

4. Gather any necessary PPE and other equipment required to address the spill, in accordance with this plan. Do not leave the area unattended. Have another employee gather supplies or secure the area if required.
5. Don all required PPE as outline in section 3.1.3 of this document.
6. Use the bloodborne pathogen kit to clean and disinfect the affected area, adhering to all manufacturer's instructions.
7. Do not use fans, blowers, wet vacuums, or other pieces of equipment with the potential to further spread contaminants.
8. Once the affected surfaces have been fully disinfected, doff PPE in accordance with section 3.6.3 of this document.
9. Place all contaminated PPE, sharps, cleaning implements and debris into an appropriate waste receptacle as outlined in section 3.4 of this document.
10. Place waste items in a secure location and notify EHS, so that materials can be disposed of.
11. Notify your supervisor immediately of any exposure incidents.
12. Reopen the affected area once the custodial supervisor in charge or EHS deems it is safe to do so.
13. If an exposure occurred, follow the procedures for follow up and evaluation outlined in section 4.1 of this document.

4.0 HEPATITIS B VACCINE AND POST EXPOSURE EVALUATION AND FOLLOW-UP

The vaccine is available at no cost to high risk WCSU employees. It is available to these employees at times conducive to their schedule and at a place easily accessible to them. The vaccine will be given by the licensed healthcare professional in accordance with the recommendations of the U.S. Department of Health and Human Services Immunization Practices Advisory Committee. An employee must be given training in Occupational Exposure within the first ten days of employment. Following the training, the employee will be offered the Hepatitis vaccination. If a WCSU employee initially declines Hepatitis B vaccination offered shall sign the OSHA waiver indicating their refusal (see Appendix B). If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

4.1 POST EXPOSURE EVALUATION AND FOLLOW-UP

An "Exposure Incident" means that while performing their duties, an employee is exposed to a potentially infectious material via eye, mouth, mucous membrane, non-intact skin or puncture wound from a contaminated needle. If an exposure

incident occurs, it shall be reported, investigated, and documented. The report shall be completed via a Report of Injury Form found in Workmen's Compensation. The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV or HIV infectivity. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and test results documented. When the source individual is already known to be infected with HBV/HIV, testing need not be repeated. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a. The exposed employee's blood shall be collected as soon as possible and tested for HBV/HIV after consent is obtained. The blood sample will be preserved for up to 90 days pending the employee's decision for testing.
- b. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up. These post-exposure evaluations and follow-up will be performed by Corporate Health or a State designated Workmen's Compensation affiliate.

4.2 INFORMATION PROVIDED TO HEALTHCARE PROFESSIONAL(S)

WCSU will ensure that the healthcare professional(s) responsible for the employee's HBV is provided with:

- a. A copy of 29 CFR 1910.1030
- b. A written description of the exposed employee's duties as they relate to the exposure incident.
- c. Written documentation of the route of exposure and circumstances under which exposure occurred.
- d. Results of the source individual's blood testing.
- e. All medical records relevant to the appropriate treatment of the employee, including vaccination status.

The employee shall obtain a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of evaluation. The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:

1. A statement that the employee has been informed of the results of the evaluation; and
2. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

5.0 LABELS AND SIGNS

WCSU shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange red.

Sharps containers and waste bags will only be used if they are labeled with the universal biohazard symbol, the word "BIOHAZARD," "INFECTIOUS WASTE," or "MEDICAL WASTE," and have a fluorescent orange or red-orange background

6.0 INFORMATION AND TRAINING

WCSU ensures that bloodborne pathogen training is provided within 10 days of initial hire. Custodials should not engage in any bloodborne pathogen-related handling or cleanup operations until after this training is completed.

Training shall be tailored to the educational level of the employee and offered during the normal work shift. The training will be interactive and cover the following:

- a. A copy of the 29 CFR 1910.1030 standard and an explanation of bloodborne diseases.
- b. A discussion of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. An explanation of WCSU's Bloodborne Pathogen Exposure Control Plan (ECP), and a method for obtaining a copy.
- e. The recognition of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices, and personal protective equipment (PPE).
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
- h. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and how it will be offered for free.

- i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- k. Information on the evaluation and follow-up required after an employee exposure incident.
- l. An explanation of the signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this plan shall only receive training in provisions of the plan that were not covered. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

7.0 RECORD KEEPING

WCSU medical records can be found in the following locations:

- a. Department of Public Safety

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential and must be maintained for at least the duration of employment, plus thirty years. The records shall include the following information:

- a. Name and social security number of the employee;
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination;
- c. A copy of all results of examinations, medical testing, and follow-up procedures; and
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

7.1 TRAINING RECORDS

WCSU employee training records can be found in the following location:

- a. Department of Public Safety

Training records shall be maintained for three years from the date of training.

The following information shall be documented:

- a. The dates of the training sessions;
- b. An outline describing the material presented;
- c. The names of persons conducting the training; and

- d. The names and job titles of all persons attending the training sessions.

7.2 AVAILABILITY

All WCSU employee records shall be made available to the employee in accordance with 29 CFR 1910.20. Upon request, all employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute of Occupational Safety and Health (NIOSH).

7.3 TRANSFER OF RECORDS

If WCSU is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for the final disposition.

8.0 EVALUATION AND REVIEW

WCSU is responsible for reviewing this program and its effectiveness and for updating this program, as needed.

- a. EHS and the custodial manager shall review the exposure control plan at a minimum of once per year. Any updates deemed necessary shall be reflected in a revised exposure control plan.
- b. In addition to the annual review, EHS may update the exposure control plan at any time if necessary to better protect workers and maintain compliance with Bloodborne Pathogens Standard 29 CFR 1910.1030.
- c. A copy of any revised exposure control plans shall be delivered to the custodial manager within 24 hours. The custodial manager shall inform custodial staff of any changes.
- d. Revisions to the exposure control plan shall be reflected in any future EHS training materials, including initial and refresher trainings.
- e. Revised versions of the exposure control plan shall be posted to the EHS website by January 1st of the following year, for a routine annual review. Revised exposure control plans published outside of the annual review shall be posted to the EHS website within 24 hours of being finalized and signed.



Western Connecticut State University

181 White Street • Danbury, CT 06810

Phone (203) 837-8375 • FAX (203) 837-8338

APPENDIX A: Bloodborne Pathogen Incident Report Form

Employee's Name:

(Last, First, Middle Initial)

Employee ID Number:

Position Title:

Telephone Number:

Supervisor's Name:

Incident Date and Time:

Incident Location:

Exposure Type (circle one):

Non-significant

Significant

Provide a description of exposed employee's duties as they relate to the exposure incident:
(attach additional information if necessary)

How did the incident occur? Please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred: (attach additional information if necessary)

Employee Signature

Date



Western Connecticut State University

181 White Street • Danbury, CT 06810

Phone (203) 837-8375 • FAX (203) 837-8338

APPENDIX B: Hepatitis B Declination Form

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 me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have already received the hepatitis B vaccination series.

Employee's Name (Print)

Employee's Signature

Date

UNIVERSITY CERTIFICATION

Procedure S-103A (Bloodborne Pathogen Exposure Control Plan: Custodial Services), for Western Connecticut State University located in Danbury, Connecticut, has been reviewed and approved by the appropriate personnel at Western Connecticut State University. The procedures in this plan will be implemented and amended, as necessary, due to expansions, modifications, and improvements at the University.

Signature:  _____

Date: 3/18/2026

Mark Schuman
Director of Environmental Health and Safety
Telephone Number: 203-837-9326
Western Connecticut State University
181 White Street
Danbury, Connecticut 06810