



EXPOSURE CONTROL PLAN

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440 Franklin Street, Suite 500, Bloomfield, NJ 07003
Phone: 973-746-8717 Fax: 973-746-8714
Clinic: Suite 550 Phone: 973-746-2848 Fax: 973-746-2088

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I. EASTERN SCHOOL OF ACUPUNCTURE AND TRADITIONAL MEDICINE MISSION STATEMENT

The purpose of the Eastern School of Acupuncture and Traditional Medicine is to offer professional training, education and services in acupuncture, Oriental medicine, and the traditional healing modalities that enhance the health and well-being of the greater community.

II. PURPOSE OF THE EXPOSURE CONTROL PLAN

Through a series of standards, the Occupational Safety and Health Administration (hereinafter OSHA) implements safety measures to assure safe and healthful working conditions for all employees. Under OSHA, the Bloodborne Pathogens Standard, 29 CFR 1910.1030, reduces occupational exposure to the Hepatitis B Virus (hereinafter HBV) and other bloodborne pathogens that staff and students may encounter while at The Eastern School of Acupuncture and Traditional Medicine (hereinafter ESATM).

OSHA standards maintain that it is prudent to abate all exposure to bloodborne pathogens whenever possible. Therefore, ESATM implements this Exposure Control Plan (hereinafter the Plan) to meet the OSHA Bloodborne Pathogens Standard.

The Plan's purpose is to protect all faculty, staff, students and patients (hereinafter persons) from the health hazards related to exposure to bloodborne pathogens, and to take appropriate action should such persons be exposed to bloodborne pathogens.

Per OSHA recordkeeping regulations, beginning on January 1, 2015, the following North American Industry Classification System (hereinafter NAICS) will be partially exempt from OSHA recordkeeping requirements: NAICS Code 6113: Colleges, Universities & Professional Schools; and NAICS Code 6213: Offices of Other Health Practitioners. ESATM is not required to keep OSHA injury and illness records unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (hereinafter BLS), or a state agency operating under the authority of OSHA or the BLS. ESATM must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye, per 29 CFR 1904.39.

III. GENERAL PROGRAM MANAGEMENT

A. Exposure Control Team

Exposure Control Officer -- Joseph Del Giodice, Clinic Dean

The Exposure Control Officer is responsible for the overall management and implementation of the Plan at ESATM. Included responsibilities of the Exposure Control Officer include but are not limited to:

- Understanding OSHA regulations and legal requirements;
- Conducting campus audits for health and safety and modifying the Plan when necessary;
- Collecting and maintaining a suitable reference library on OSHA regulations and the Bloodborne Pathogens standard; and
- Working with the administration, faculty and staff to develop additional bloodborne pathogens-related policies and practices needed to support the effective implementation of the Plan.

Training Coordinators – Rebecca Reisen, Student Services Office and Registrar Joseph Del Giodice, Clinic Dean

The Training Coordinator is responsible for providing information and training to all faculty, staff and students at ESATM. Included responsibilities of the Training Coordinator include but are not limited to:

- Developing the OSHA Training materials and updating when appropriate, with direction from Exposure Control Officer;
- Scheduling annual training sessions for all faculty, staff and students; and
- Creating and maintaining proper training session documentation including Attendance Sheets and Certifications of Completion.

B. Faculty, Staff and Students

a. Universal Precautions and Responsibilities

Faculty, staff and students are responsible for implementing universal precautions at all times throughout the campus and clinic. Under 29 CFR 1910.1030(d)(1), universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.

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Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Faculty, staff and students are responsible for:

- Attending OSHA training sessions annually;
- Planning and conducting all operations using universal precautions; and
- Developing and maintaining satisfactory personal hygiene habits.

b. Availability of Exposure Control Plan

The Plan is available to any persons at any time. Faculty, staff and students are advised of the Plan's availability during annual training sessions and upon request. Copies of the Plan are kept in the following locations at ESATM:

- Clinic Reference Library
- Administration Office

c. Review and Update of the Plan

Periodical reviews and revisions of the Plan are necessary with the changing laws. To ensure proper timeliness, the Plan shall be reviewed and revised under the following circumstances:

- Annually, on or before September 30th of each calendar year;
- If and when OSHA updates relevant regulations which affect occupational exposure of persons at ESATM; and
- If and when practices at ESATM are revised to include new instances of potential occupational exposure to bloodborne pathogens.

d. Training

All faculty, staff and students shall be required to attend a training session annually. See *Chapter VII. Information and Training* for comprehensive information.

IV. EXPOSURE DETERMINATION & COURSE CLASSIFICATIONS

Given the milieu at ESATM, all faculty, staff and students have occupational exposure to bloodborne pathogens. These courses and clinic sections have been determined and identified by the Exposure Control Officer to have occupational exposure to bloodborne pathogens:

Acupuncture

AC100 Meridian Theory

AC110 Acupuncture Channels & Points I

AC120 Acupuncture Channels & Points II

AC130 Acupuncture Channels & Points III

AC210 Clinical Techniques I

AC220 Clinical Techniques II

AC290 Clinical Point Selection

AC310 Clinical Point Selection II

AC320 Treatment of Orthopedic Disorders

Energetics/Body Work

EBW110 Taiji

EBW120 Qi Gong

EBW130 Tui-Na I

EBW140 Tui-Na II

Clinical Internship

CO100 Introduction to Clinical Observation

CO120 Observation Level I

CA200 Observer Assistant

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CI310 Intern Level I

CI320 Intern Level II

CI330 Intern Level III

V. GENERAL PROGRAM MANAGEMENT METHODS OF COMPLIANCE

A. Universal Precautions

Under 29 CFR 1910.1030(d)(1), universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Work Practice Controls

a. Hand Hygiene

ESATM shall provide readily accessible handwashing stations to all faculty, staff and students. When such handwashing is not feasible, ESATM shall provide an appropriate antiseptic hand cleanser to all faculty, staff and students. After the use of an antiseptic hand cleanser, hands shall be washed with soap and water as soon as feasible.

ESATM shall ensure that all faculty, staff and students wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

ESATM shall ensure that all faculty, staff and students wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

b. Sharps and Sharps Disposal Containers

Under 29 CFR 1910.1030(d)(4), contaminated sharps shall be discarded immediately or as soon as feasible in container that are:

- Closeable;
- Puncture resistant;
- Leak-proof on side and bottom; and
- Labeled or color-coded

During use, containers for contaminated sharps shall be:

- Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;

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- Maintained upright throughout use; and
- Replaced routinely and not be allowed to overfill.

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 or transport;
- Placed in a secondary container if leakage is possible. That secondary container shall be: closable, constructed to contain all contents and prevent leakage during handling, transport, or shipping, and labeled or color-coded; and
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose faculty, staff or students to the risk of injury.

C. Personal Protective Equipment

Under 29 CFR 1910.1030, personal protective equipment is specialized clothing or equipment worn by faculty, staff or students for protection against a hazard. General work clothes not intended to function as protection against a hazard are not considered to be personal protective equipment.

When there is occupational exposure, ESATM shall provide, at no cost to the faculty, staff or students, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, and eye protection. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the faculty, staff or student's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

a. Use

ESATM shall ensure that the faculty, staff and students use appropriate personal protective equipment unless ESATM shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the faculty, staff or student's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services, or would have posed an increased hazard to the safety of the faculty, staff or student. When such person makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

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b. Accessibility

ESATM shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible on campus and in the clinic, or is issued to appropriate faculty, staff and students. Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternatives shall be readily accessible to those faculty, staff or students who are allergic to the gloves normally provided.

c. Cleaning, Laundering and Disposal

ESATM shall clean, launder and dispose of necessary personal protective equipment at no cost to the faculty, staff or student.

d. Repair and Replacement

ESATM shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the faculty, staff or student. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

e. Gloves

Gloves shall be worn when it can be reasonably anticipated that the faculty, staff or student may have hand contact with blood, or other potentially infectious materials, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.

Disposable gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use.

D. Housekeeping

Under 29 CFR 1910.1030(d)(4), ESATM shall ensure that the campus and clinic are maintained in a clean and sanitary condition. ESATM shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned and tasks or procedures being performed in the area.

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or

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as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the shift if they may have become contaminated during the shift.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially contaminated materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Regulated waste includes liquid or semi-liquid blood, or other potentially infectious materials. Regulated waste shall be placed in containers which are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

Further information on the following can be found in the ESATM Clinic Manual, *Chapter 11: Safety While Treating*:

11.1 Universal Precautions

11.2 Clean Needle Technique

11.3 Additional Needle Handling/Disposal Information

11.4 Gloves and Hand Washing

11.5 Prohibited Procedures

11.6 Conditions That Can Not Be Treated In Clinic

11.7 Accidental Needle Stick Protocol

11.8 Incidents in the Intern Clinic

11.9 Biohazards: Your Right to Know

VI. VACCINATION POLICY

The Eastern School of Acupuncture and Traditional Medicine is committed to protecting the health and well-being of its students, faculty and staff. We recognize that even with adherence to exposure prevention practices, accidents and exposure incidents can occur. As a result, we have implemented a Vaccination Policy to educate and protect our students, faculty and staff from exposure to bloodborne pathogens.

A. Master's Program Students 30 Years of Age and Under

Per New Jersey Code 18A:61D-1, every graduate student who is 30 years old or under and is enrolled full- or part-time in a degree program must submit a valid immunization record which documents the administration of all required immunizations against vaccine-preventable disease, or evidence of immunity from these diseases, in accordance with regulations stated by the Department of Health.

Upon admission, you are required to provide a valid immunization record for the following vaccinations:

- Tetanus, Diphtheria and Pertussis (DTap or DTP)
- Measles, Mumps and Rubella (MMR)
- Meningococcal
- Varicella
- Screening for Tuberculosis

B. Hepatitis B Vaccination and Waiver

In an effort to protect against exposure to Hepatitis B, The Eastern School of Acupuncture recommends that all students, faculty and staff receive the Hepatitis B vaccination. As part of their bloodborne pathogen training, all students, faculty and staff have received information regarding the Hepatitis B vaccination, including its efficiency and side effects.

It is policy that every student, faculty and staff member signs a Hepatitis B waiver, which is placed in his/her file. If the vaccination is obtained, that record will replace the waiver in the respective file.

The Vaccination Policy is thoroughly discussed in The Eastern School of Acupuncture and Traditional Medicine's annual OSHA/HIPAA training sessions, which are administered annually.

VII. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Under 29 CFR 1910.1030(f), ESATM shall make available the hepatitis B vaccine and vaccination series to all faculty, staff and students who have occupational exposure, and post-exposure evaluation and follow-up to all faculty, staff and students who have had an exposure incident. All medical evaluations and procedures shall be made available at no cost to the faculty, staff or student, made available at a reasonable time and place, and performed by a licensed physician.

A. Post-Exposure Evaluation

Following a report of an exposure incident, ESATM shall make immediately available to the exposed faculty, staff or student a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless ESATM can establish that identification is infeasible or prohibited by state or local law;
- Collection and testing of blood for HBV and HIV serological status;
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- Counseling; and
- Evaluation of reported illnesses.

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, ESATM shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. Results of the source individual's testing shall be made available to the exposed faculty, staff or student, and he/she shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

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B. Information Provided to Healthcare Professional

ESATM shall ensure that the healthcare professional responsible for the faculty, staff or student's Hepatitis B vaccination is provided a copy of the OSHA Bloodborne Pathogens regulation, along with the following information:

- A description of the exposed faculty, staff or student's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the faculty, staff or student including vaccination status which is ESATM's responsibility to maintain.

C. Healthcare Professional's Written Opinion

ESATM shall obtain and provide the faculty, staff or student with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for a faculty, staff or student, and if he/she has received such vaccination.

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

- That the faculty, staff or student has been informed of the results of the evaluation; and
- That the faculty, staff or student has been told about any medical conditions resulting from exposure to blood or other potentially infectious material which require further evaluation or treatment.
- All other findings or diagnosis shall remain confidential and shall not be included in the written report.

D. Medical Recordkeeping

ESATM shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. This record shall include:

- The name and social security number of the faculty, staff or student;

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- A copy of the faculty, staff or student's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures;
- ESATM's copy of the healthcare professional's written opinion; and
- A copy of the information provided to the healthcare professional.

ESATM shall ensure that faculty, staff or student medical records are:

- Kept confidential; and
- Not disclosed or reported without the faculty, staff or student's express written consent to any person within or outside the workplace except as required by law.

ESATM shall maintain the records for at least the duration of the employment plus 30 years.

VIII. COMMUNICATION OF HAZARDS TO FACULTY, STAFF AND STUDENTS

A. Labels

Under 29 CFR 1910.1030(g), warning labels shall be affixed to containers of regulated waste, refrigerators, freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious material.

ESATM labels shall include the following legend:



These labels shall be fluorescent orange or orange-red, with lettering and symbols in a contrasting color. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.

Labels required for contaminated equipment shall be accordance with the legend and shall also state which portions of the equipment remain contaminated.

B. Information and Training

Under 29 CFR 1910.1030(g), ESATM shall train each faculty, staff and student with occupational exposure. Such training must be provided at no cost to the employee and during working hours. ESATM shall institute a training program and ensure faculty, staff and student participation in the program.

a. Training Program

Training sessions will take place annually to all faculty, staff and students at ESATM. Training sessions shall be provided within one year of the previous training.

The Training Coordinator shall train new hires and incoming students in accordance with OSHA requirements, at the time of initial assignment where occupational exposure may take place, and at least annually thereafter. Training is provided at no cost and during work hours.

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ESATM shall provide additional training when changes such as modification of tasks or procedures, or institution of new tasks or procedures affect occupational exposure.

b. Materials

Training materials shall contain, at a minimum, the following elements:

- An accessible copy of the regulatory text of the 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 ESATM'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 personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated;
- 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 procedures 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 ESATM is required to provide, following an exposure incident;
- An explanation of the signs and labels and/or color coding; and
- An opportunity for interactive questions and answers with the Training Coordinators.

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c. Records

Training records shall include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of the Training Coordinators; and
- The names and job titles of all persons attending the training sessions.

Training records shall be maintained for 3 years from the date on which the training occurred. ESATM shall ensure that all records required to be maintained shall be made available upon request. Required training records shall be provided upon request for examination and copying to employees, to employee representatives, and OSHA officials.

IX. FORMS

EXPOSURE INCIDENT REPORT

Reporting Person: _____

Date of Exposure: _____

Time of Exposure: _____

Location: _____

Potentially Infectious Material(s): _____

Source: _____

Circumstances of Exposure: _____

Personal Protective Equipment Being Used: _____

Actions Taken after Exposure: _____

Recommendations to Avoid Future Exposure: _____

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Exposed Person: _____

Date of Exposure: _____

INITIAL WHEN
COMPLETED

_____ Exposed person furnished with documentation regarding exposure incident

_____ Appointment with healthcare professional made for exposed person

_____ Documentation forwarded to healthcare professional:

_____ Bloodborne Pathogen Standard

_____ Exposure Incident Report

_____ Exposed person's Relevant Medical Records

_____ Source Individual's blood tested and results given to exposed person

OR

_____ Consent has NOT been obtained

_____ Exposed person's blood collected and tested

COMMENTS: _____

Completed by: _____

Name and Title

Date Completed: _____

ESATM HIPAA/OSHA Training

Date of Session: _____

Offered by: _____ Title: _____

_____ Title: _____

	Attendee Name	Faculty, Staff or Student
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
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