MC Exposure Control Plan 2025

Public Health & Environmental Safety

6/1/25

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Bloodborne pathogens (BBPs) are microorganisms in human blood and can cause disease. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

SECTION 1: INTRODUCTION

Montgomery College is committed to providing a safe and healthy work environment for employees. To this end, the information in this exposure control plan (ECP) is provided to help eliminate or minimize the risk of occupational bloodborne pathogen exposure to employees. This ECP is written in accordance with standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." This requires those employing individuals with potential exposures to blood or other potentially infectious materials to prepare an Exposure Control Plan (ECP). This ECP outlines protective measures that will be implemented to eliminate or minimize employee exposure to blood and other potentially infectious materials.

This exposure control plan has been developed by the Office of Public Health & Environmental Safety (PHES). Supervisors are responsible for ensuring employees are familiar with and comply with the procedures and practices outlined in the ECP. The ECP must be updated at least annually, but more frequently when necessary to reflect any new or modified job tasks, procedures, or assignments that affect occupational exposure or the implementation of the ECP.

The following principles must be applied when employees are potentially exposed to bloodborne pathogens:

- Minimize all exposures to bloodborne pathogens
- Institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens
- Routinely employ universal precautions when exposure to blood or potentially infectious materials is anticipated

The objectives of the MC Exposure Control Plan are to:

- Provide information on procedures and regulations regarding bloodborne pathogens
- Protect employees from health hazards associated with bloodborne pathogens
- Provide information on appropriate treatment and counseling to employees exposed to bloodborne pathogens

Other Potentially Infectious Materials (OPIM):

• Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

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

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

SECTION 2: RESPONSIBILITIES

PUBLIC HEALTH & ENVIRONMENTAL SAFETY

- Administer the Montgomery College Exposure Control Plan.
- Oversee compliance with 29 CFR 1910.1030 (Bloodborne Pathogens Standard).
- Update the MC Exposure Control Plan when new or modified regulations to the BBP standard occur.
- Provide technical guidance on safety controls, including engineering, administrative, and personal protective equipment (PPE).
- Manage the Hepatitis B virus (HBV) vaccination program.
- Manage the disposal of regulated medical waste for all Montgomery College's Campuses.

SUPERVISORY PERSONNEL

- Department Chairs, Directors, Managers, and Supervisors are responsible for compliance in their areas. They shall work with PHES and their staff and faculty.
- Reviewing and updating applicable appendices and content as necessary.
- Records must be maintained and readily available.
- Assuring employees in their area who are at risk of exposure to bloodborne pathogens receive outlined training and annual retraining in bloodborne pathogens as outlined in the "Information and Training" section of this document.
- Evaluating the bloodborne pathogen risk associated with an employee's job classification. This must be done when a new employee is hired or when an employee changes jobs. This evaluation must include:
    - Checking the employee's job classification and the tasks and procedures that he/she will perform to determine if there is a reasonably anticipated risk of exposure to blood or other potentially infectious material (OPIM)

Parenteral Contact
To pierce/puncture mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

  - Informing PHES of all changes so records can be updated
  - Assuring that proper exposure control procedures are followed as outlined in this document's "Methods of Compliance" section.
  - Identify the new job tasks and procedures that will potentially expose the employee to blood or other potentially infectious materials

- Assuring that appropriate personal protective equipment is available and in good working condition for all employees at risk of exposure to bloodborne pathogens.
- Assuring that any employee who experiences an occupational exposure incident to blood or other potentially infectious materials is provided with post-exposure medical services as outlined in this document's "Post-Exposure Evaluation and Follow-up" Section.

Employees

- Taking the bloodborne pathogens initial training and annual retraining.
- Demonstrate an understanding of which tasks have a potential occupational exposure to bloodborne pathogens.
- Conduct all operations in accordance with established work practice controls.
- Follow universal precautions
- Develop and maintain good personal hygiene habits
- Report all occupational exposure incidents and follow post-exposure medical services.

SECTION 3: EXPOSURE DETERMINATION

Montgomery College has identified personnel with potential exposure to bloodborne pathogens in the workplace, based on the general work environment or on specific work activities. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered exposed even if they wear PPE). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. However, not all

Occupational Exposure
It is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties. A single exposure to BBP may potentially cause a life-threatening infection.

Employees in this category would be expected to incur exposure to blood or other potentially infectious material. Therefore, specific tasks or procedures that may cause occupational exposure in each job classification should be listed for further clarification. The following tasks were identified as having potential exposure to bloodborne pathogens:

- Provides first aid
- Cleans up spills of blood or OPIM

Each supervisor will determine whether their employees are at risk of occupational exposure.

Positions Requiring BBP Training
All Public Safety Staff
Facilities Building Services
Facilities O&M Plumbers
Athletics Department
Pool Staff
Child Development Center

SECTION 4: PREVENTION AND PROTECTION

There are a number of areas that must be addressed in order to eliminate or minimize exposure to bloodborne pathogens effectively. Deans, Department Chairpersons, Directors, Managers, and Supervisors are responsible for ensuring MC Exposure Control Plan compliance. Areas dealt with in the plan are:

- Training and Education.
- Following Universal Precautions.
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls
- Using necessary Personal Protective Equipment.
- Proper Disposal of Infectious Waste.
- Implementing appropriate Housekeeping Procedures.

Contaminated: The presence or the reasonably anticipated presence of blood of OPIM on an item or surface.

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 for bloodborne pathogens.

Engineering Controls: Controls that isolate or remove the bloodborne pathogen hazard from the workplace (e.g., sharps disposal container, self-sheathing needles, CPR pocket mask, biological safety cabinet).

DETERMINING IF SOMETHING IS INFECTIOUS

The infectious potential of blood or other potentially infectious material (OPIM) cannot be determined without a series of medical tests. Many persons infected with HIV, HBV, or HCV do not know that they are infected and can be infectious for a prolonged period without symptoms. Therefore, an all-encompassing approach to prevention and protection is needed.

UNIVERSAL PRECAUTIONS

Employees at Montgomery College will observe universal precautions. All human and other potentially infectious materials (OPIM) are treated as if they are known to be infectious for HBV, HIV, and other bloodborne pathogens.

ENGINEERING CONTROLS

Appropriate engineering controls, such as hand washing facilities, eye wash stations, sharps disposal containers, biological safety cabinets, ventilating laboratory hoods, autoclaves, and safer sharps devices, must be used whenever possible to isolate or remove the bloodborne pathogen hazard during work tasks. Engineering controls are to be decontaminated, discarded, or contained immediately when overtly contaminated (e.g., after a spill of blood or OPIM) or as otherwise specified in the campus unit's plan.

Safer Sharps Devices

- Safer Sharps Devices are to be used on human blood or other potentially infectious materials, where appropriate, in order to reduce the risk of injury from needle sticks and from other sharp devices.

Hand Washing Facilities

- Hand washing facilities are readily accessible to all employees who have a potential exposure.
- Waterless antiseptic hand cleansers or antiseptic towelettes **must** be available to employees at risk of exposure is running water is not readily available.
- If waterless cleansers or towelettes **must** be used, the employee **must** follow-up with a soap and water wash as soon as feasible.

Emergency Eye Wash Stations

- Emergency eye wash stations are in close proximity to workstations where employees perform tasks that produce splashes of potentially infectious materials.
- Eyewash stations should meet ANSI requirements.
- The eye wash facility must be flushed on at least a monthly basis and documented.
- The equipment must be annually tested and documented.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., proper handwashing, prohibiting the recapping of needles by a two-handed technique).

Autoclaves

- Autoclaves are available in many departments to decontaminate solid biohazardous waste.
- These departments will monitor this equipment to assure that proper sterilization occurs.
- Proper instrumentation will be used to verify that time, temperature, and steam are adequate.

Sharps Containers

- Sharps containers are used to properly store and dispose of sharps.
- Approved sharps containers are designed to isolate the cut or puncture hazard associated with handling contaminated sharp items.
- Approved sharps containers are:
  - puncture-resistant
  - red in color or labeled with a biohazard warning label
  - leak-proof on the sides and bottom
  - closable

Storage Containers

- Storage containers are used to reduce the possibility for an environmental release of potentially infectious materials.
- should be designed to be leak-proof, puncture-resistant, and capable of being closed.
- single primary containers used for potentially infectious materials should be labeled with the biohazard symbol.
- Examples: refrigerator, freezer, liquid nitrogen tank, incubator, transport containers

WORK PRACTICE CONTROLS

Working in conjunction with Deans, Directors, Chairs, or designees, supervisors will oversee the implementation of Work Practice Controls in cooperation with PHES. The Department Manager or Supervisor will ensure that employees are trained to use work practice controls for their job classification and the tasks/procedures they perform.

The following Work Practice Controls are to be implemented:

- Employees will wash their hands:
  - After the removal of gloves or other personal protective equipment
  - When visible contamination with blood, body fluids, or other potentially infectious materials is present
  - When work is completed and before leaving the work area (i.e., laboratory, clinic)
  - Before eating, drinking, smoking, applying makeup, changing contact lenses, or using the bathroom
  - Before activities that entail hand contact with mucous membranes, eyes, or breaks in the skin

Other Potentially Infectious Materials (OPIM):

• Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

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

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

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
    - Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure.
    - Such bending, recapping, or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
    - Contaminated reusable sharps shall be placed in appropriate containers immediately or as soon as possible after use until properly reprocessed.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is potential exposure to bloodborne pathogens.
- Food and drink must not be stored where blood or OPIM may be present.
- Mouth pipetting /suctioning is prohibited; mechanical pipetting devices must be provided.
- All procedures involving blood or OPIM shall be performed in a way that minimizes aerosol production. When cleaning a blood or OPIM spill, be careful not to splash or splatter the spill contents.
- Equipment that may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and decontaminated as necessary, unless the employer can demonstrate that decontaminating such equipment or portions of such equipment is not feasible.
- A readily observable biohazard label shall be attached to the equipment stating which portions remain contaminated.
- A mechanical device (BVM, pocket mask with one-way valve, or Micro shield mouth-to-mouth Resuscitation Barrier) will be used for all respiratory assistance or resuscitation.
- To preserve contaminated **criminal evidence**, it will be collected and placed in a closed, labeled/color-coded container to prevent leakage, such as a plastic bag or a pan with a lid for transport to the evidence room. Upon receipt in the evidence room, the material will be removed from the container and permitted to air-dry. The law enforcement officer performing this task will utilize the proper protective clothing, such as gloves. When the evidence is dry, it will be

placed in a proper closed specimen container and labeled Biohazardous. The original container will be autoclaved, decontaminated, or disposed of as Biohazardous Waste.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment is considered to be appropriate only if it does not permit blood or other potentially infectious material to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

The Department Manager or Supervisor will ensure:

- PPE is provided at no cost to the employee.
- PPE is cleaned, repaired, discarded, and replaced as necessary to maintain the effectiveness of PPE at no cost to the employee.
- PPE is easily accessible and of the proper size.
- All PPE is placed in a designated area or container for storage, washing, decontamination, or disposal.
- When blood or OPIM penetrates PPE, the PPE is removed and replaced immediately.

NOTE: Disposable PPE may be discarded in the regular trash if it has been disinfected (autoclaved) or is not contaminated. If it is contaminated and cannot be disinfected, it is considered REGULATED WASTE. [29 CFR 1910.1030(b)]

SECTION 5: HOUSEKEEPING

Blood spills shall be cleaned up promptly with a disinfectant solution such as a fresh 1:10 dilution (1 part bleach to 10 parts water) of liquid chlorine bleach (5.25% sodium hypochlorite) or an approved hospital disinfectant. Studies have shown that HIV is inactivated rapidly after being exposed to commonly used chemical germicides. Germicides vary in their activity against infectious agents and in the time needed for disinfection. Manufacturer's guidelines shall be followed. Facilities building services staff have BBP kits in their closets for clean-up.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard (e.g., gloves, face shield, lab coat). General work clothes (e.g., uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard and are not considered to be PPE.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. [29 CFR 1910.1030(b)]

Germicide: any substance or process that kills germs (bacteria, viruses, and other microorganisms that can cause infection and disease).

Regulated Wastes: liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. [29 CFR 1910.1030(b)]

NOTE: Any department that has the potential for a spill of potentially infectious materials shall have a spill kit and a spill response procedure. An example of a general response procedure and items for assembling a departmental spill kit are included in Appendix C, Biohazardous Spill Response.

Large work areas contaminated by blood or body fluids must be thoroughly cleaned, flooded with a liquid germicide, cleaned again, and decontaminated with fresh germicide. Decontamination must be performed with a disinfectant product that is EPA-registered for the destruction of Hepatitis B, or tuberculocidal. The disinfectant must be applied to the contaminated surfaces for the amount of time prescribed by the manufacturer to assure effective decontamination.

All pails, bins, cans, and other receptacles intended for routine use are inspected, cleaned, and decontaminated as soon as feasible if visibly contaminated.

Potentially contaminated broken glassware is picked up using mechanical means, such as a dustpan and a brush.

Laboratory equipment that requires sterilization or disinfection shall be thoroughly cleaned before disinfection, and care must be taken to follow the manufacturer's guidelines for compatibility with the germicide.

LAUNDRY

Employees must follow universal precautions when handling contaminated laundry. Contaminated laundry should be handled as little as possible, with minimal agitation, and must be bagged.

Contaminated laundry shall be placed in labeled or color-coded, leakproof containers at the location where it was used. Employees who have contact with contaminated laundry will wear appropriate personal protective equipment. Contaminated footwear shall be autoclaved, laundered, or discarded as Biohazardous. Whenever laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior. Laundry contractors must comply with all decontamination and cleaning procedures outlined in 29 CFR 1910.1030.

Regulated Wastes: liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. [29 CFR 1910.1030(b)]

SECTION 6: REGULATED WASTES

Biohazardous wastes are regulated wastes and are not to be held in the work area for more than 60 days. All biohazardous waste will be disposed of according to the procedures outlined on the PHES website under Wastes.

Cultures and stocks of infectious agents and associated biologicals, including laboratory wastes, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.

The Biology Department collects Biohazardous/Medical wastes. Employees need to inform the Biology lab manager what type of waste, location it came from to be manifested for disposal.

Medical/biohazardous and other infectious wastes must be disposed of in designated containers or bags that are color-coded, labeled, and tagged as “biohazard”.

DECONTAMINATION OF REGULATED WASTE (NON-SHARPS)

If regulated waste is not otherwise hazardous (i.e., mixed with hazardous chemicals or radioactivity) it may be decontaminated by autoclaving. Bags containing regulated waste should be opened during autoclaving. Autoclave times should be appropriate for the nature and volume of the waste.

Building service workers have been instructed not to remove or dispose of any bags printed with the international biohazard symbol. To dispose of an autoclaved bag displaying the international biohazard symbol, place it inside a standard opaque trash bag after decontamination. Seal the opaque bag and place it in the regular trash. Over-bagging your waste signifies that the waste has been decontaminated, ensures the decontaminated bag is removed with the regular trash, and prevents rejection of waste at the landfill.

SECTION 7: HAZARD COMMUNICATION

HAZARDS OF DISINFECTANTS

Most disinfectants are considered chemical hazards. Safety Data Sheets (SDSs) are written and supplied by manufacturers for each

hazardous chemical that is sold. If an employee works with a hazardous material, the SDS must be readily available to all employees.

SECTION 8: TRAINING

Supervisors are responsible for ensuring that employees attend *Bloodborne Pathogens Training* upon initial assignment to a job where they may be exposed to blood or OPIM. During initial training, employees will be asked to complete a *Hepatitis B Vaccination Form,* indicating their acceptance or declination of the HBV vaccination. An employee may accept or decline the HBV vaccine for any reason and is not obligated to provide any explanation. The training is provided online in Workday. Employees are **not** permitted to conduct activities where there is potential for exposure to blood or OPIM until required training has been completed. **All bloodborne pathogens training is provided in Workday and must be completed annually.**

SECTION 9: MEDICAL SURVEILLANCE

In accordance with the Health Insurance Portability and Accountability Act or HIPAA, effective April 14, 2003, all patient-related medical information will be kept confidential.

Hepatitis B Vaccinations (HBV)

MC will provide hepatitis B vaccination free of charge to all employees with a reasonably anticipated occupational exposure to bloodborne pathogens.

Concentra
803 Russell Avenue Suite 1A & 1B
Gaithersburg, Maryland 20897
Phone: 301-869-0700

A vaccine authorization letter will be sent to all employees who request the vaccine, and the authorization letter may be taken to a Concentra Clinic location to get the vaccine. The vaccine is given as a series of injections; injections must be administered according to schedule in order for the vaccine to be effective. Adults may receive the HBV vaccine using one of these regimens:

Other Potentially Infectious Materials (OPIM):

• Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

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

Parenteral Contact
To pierce/puncture mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

- A series of three intramuscular injections, the second and third doses administered at 1 and 6 months, respectively, after the first dose.
- A newer formulation is approved for two doses, 1 month apart.

A post-vaccination titer for HBV antigens is recommended, but not required; and is typically scheduled for one-to-two months after the third injection. Each employee is responsible for scheduling and following through with vaccine administration.

Any employee who initially declines the HBV vaccine, but later decides to accept the vaccination while still covered by the standard, shall be asked to submit a new *Hepatitis B Vaccination Form*.

Post-Exposure Evaluation and Follow-Up Procedures

An exposure is defined as: (1) blood or OPIM contact with a specific eye, mouth, or other mucous membrane; (2) blood or OPIM contact with damaged or non-intact skin; or (3) parenteral contact (needlestick prick) with blood or OPIM that results from the performance of an employee's duties. Blood or OPIM contact with intact skin is **not** considered an exposure incident!

If exposed to blood or OPIM, an employee should immediately take steps to address any serious injury and rinse the site of exposure.

• Seek emergency medical care for serious injuries, if necessary. Inform responding personnel that a potential bloodborne pathogen exposure has occurred.

• If no emergency treatment is necessary, remove any contaminated PPE or clothing covering the exposure area and begin flushing with soap and water for 15 minutes. The area should be washed thoroughly, but not scrubbed, to avoid any further risk of exposure or damage.

• If exposure occurs to the eyes, flush with water only for 15 minutes using an eyewash station.

• After flushing, provide first aid treatment, if necessary.

• Disinfect any contaminated equipment where exposure occurred, if contaminated. (Seek assistance if needed.)

• Dispose of any contaminated materials in a biohazard waste receptacle.

Following the initial exposure response, the employee should address any potential exposure by completing necessary paperwork and seeing an occupational health physician.

Isolate a sample for testing, if feasible.

• Notify your supervisor as soon as possible after the exposure incident.

• Seek medical evaluation for guidance on post-exposure evaluation, as needed.

• As soon as feasible, contact Public Safety to initiate an incident report and send it to the HRSTM Risk Management Workers' Compensation Department.

• The employee or supervisor should also notify PHES of the exposure by telephone at 240-567-4290 as soon as possible.

SECTION 9: RECORDKEEPING

In accordance with 29 CFR 1910.1020, employee records shall be made available to employees, the Assistant Secretary of Labor for Occupational Safety and Health Administration, and the Director of the National Institute for Occupational Safety and Health, or their representatives, upon request. HRSTM Risk Management ensures that an accurate unit record is established for each employee with occupational exposure and maintained for the duration of employment plus 30 years. A unit record must include the following items:

- A record of the employee's hepatitis B vaccination status:
  - If the employee was vaccinated, a copy of the healthcare professional's hepatitis B vaccination report should be retained.
  - If the employee declined vaccination, a copy of the signed declination form should be included in the record. Records should be established as required by the policies regarding hepatitis B vaccination described in this campus-wide ECP.
- Copies of the employee injury reports and/or documentation of the route of exposure and the circumstances under which any exposure incident occurred.

- Any post-exposure written opinions from healthcare professionals, as required by the policies regarding post-exposure follow-up, are described in this campus-wide ECP.

Employee records are maintained as follows:

Record	Location	Duration
Medical records: • Employee's name and M number; • HBV vaccination forms indicating acceptance or declination of the vaccine.	HRSTM PHES	Duration of employment plus 30 years
Training records: • Date of training • Outline of the materials presented • Name of person conducting the training • Names of all persons in attendance	Workday Training Records PHES	At least three years from the date of training
Sharps Injury Log • The department or work area where the incident occurred • Explanation of how the incident occurred.	Public Safety	Five years following the end of the calendar year that these records cover.

Hepatitis B Vaccination Declination or Request

MONTGOMERY COLLEGE

Part I

Instructions: Employee completes Part I and submits to Supervisor

Employee Name

Date

Department

Employee Occupation/Title

Decline:

☐ I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to receive the hepatitis B vaccine at no cost to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

OR

☐ I have already received the hepatitis B vaccination series.

Receive:

☐ I choose to receive the complete hepatitis B vaccination series (total of 2 or 3 inoculations and post-vaccination antibody blood test) at no charge to me.

Employee Signature:

Date

Part II

Instructions: Supervisor completes Part II and sends form to Environmental Safety

☐ The employee has requested vaccination. I have signed the Concentra form and will be sending the employee to the nearest Concentra clinic for vaccination.

Supervisor Signature:

Date

Concentra®

Improve the health of America's workforce, one patient at a time.

Employer Services
Patient Information

Reason for Today's Visit

❒ Injury Care ❒Physical exam ❒ DOT (CDL) Certification ❒ Drug Screen ☒ Other: Hep-B Vaccine/Titre

About You

Social Security # or Military DBN:_____ Date of birth (MM/DD/YYYY):_____

Last name: _____ First name: _____ M.I.:_____

Address: _____ Apt. #:_____ City: _____ ST: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell phone: _____ ❒ Male ❒ Female ❒ Single ❒ Married

Email address:_____Concentra may send a detailed email: ❒ Yes❒ No

For security of your records, all emails containing protected health information (PHI) are sent encrypted.

About Your Employer

Employer Requesting Services

Company name: Montgomery College Location/store number: Attn: Accounts Payable

Contact name: Michael Rocke Contact phone: 240-567-4266

Address: 9221 Corporate Blvd Ste. #:_____ City: Rockville ST: MD ZIP: 20850

Is your employment arranged through a temporary hire agency? ☒ No ❒ Yes

Name of agency: _____ Agency phone: _____

Consent

The information provided is correct to the best of my knowledge. I will not hold Concentra, its health provider, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

Signature:_____ Date: _____

I give permission to Concentra to perform the following services that the physicians and other non-physician providers and assistants may deem to be necessary: (a) medical, surgical, and diagnostic (e.g., including but not limited to x-rays, blood draws, and laboratory tests) processes, treatments, and procedures; (b) administration of injections, medications, and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statements ("VIS" or "VISs"); and (c) completion of medically appropriate tests for communicable and other diseases.

Signature:_____Date:_____

Notice of Privacy Practices

Your name and signature below indicates that you have been made aware of Concentra's Notice of Privacy Practices (NOPP) on the date indicated. You understand that the NOPP is posted in the center and a copy will be provided to you if you request it. If this is your first date of service with Concentra, please indicate this to the front desk receptionist and he/she will provide you a copy of the NOPP. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, contact Concentra's Privacy office at 800-819-5571 or privacyoffice@Concentra.com.

Name: (please print) _____ Date Notice Received: _____

Signature:_____ Date: _____

Concentra®

Información del paciente para servicios del empleador

Mejorar la salud de la fuerza laboral de Estados Unidos, un paciente a la vez.

Motivo de la visita de hoy

❒ Cuidado de lesión ❒Examen físico ❒Certificación DOT (CDL) ❒ Prueba de detección de drogas ☒Otro: Hep-B vacuna/prueba

N.° de Seguro Social o DBN militar: _____ Fecha de nacimiento (DD/MM/AAAA): _____

Acerca de usted

Apellido: _____ Primer nombre: _____ Inicial 2.° nombre:_____

Dirección: _____ Apto. N.°:_____ Ciudad: _____ Estado: _____ Código postal: _____

Teléfono de casa: _____ Teléfono del trabajo: _____

Teléfono celular: _____ ❒Masculino ❒Femenino ❒Soltero ❒Casado

Dirección de correo electrónico: _____ Concentra puede enviar un correo electrónico detallado: ❒Sí ❒No

Para seguridad de sus registros, todos los correos electrónicos que contengan información de salud protegida (protected health information, PHI) se envían cifrados.

Acerca de su empleador

Empleador que solicita los servicios

Nombre de la compañía: Montgomery College Número de tienda/ubicación: Attn: Accounts Payable

Nombre del contacto: Michael Rocke Teléfono del contacto: 240-567-4266

Dirección: 9221 Corporate Blvd N.° suite: _____ Ciudad: Rockville Estado: MD Código postal: 20850

¿Se coordinó su empleo a través de una agencia de contratación temporal? ☒No ❒Sí

Nombre de la agencia: _____ Teléfono de la agencia: _____

Consentimiento

La información que se proporciona es correcta a mi leal saber y entender. No responsabilizaré a Concentra, a sus proveedores de servicios de salud, ni a sus empleados por algún error u omisión que pudiera haber cometido al llenar la información en este formulario.

✍ Firma:_____ Fecha: _____

Doy mi permiso a Concentra para llevar a cabo los siguientes servicios que los médicos y otros proveedores que no sean médicos y asistentes puedan considerar necesarios: (a) procesos, tratamientos y procedimientos médicos, quirúrgicos y de diagnóstico (por ejemplo, entre otros, radiografías, extracciones de sangre y pruebas de laboratorio); (b) administración de inyecciones, medicamentos y vacunas (con las vacunas que se administren después de que reciba cualquier declaración de información sobre vacunas ("VIS" o "VISs") que corresponda; y (c) realización de las pruebas apropiadas necesarias por razones médicas para descubrir enfermedades contagiosas y de otro tipo.

✍ Firma:_____Fecha:_____

Aviso de prácticas de privacidad

Su nombre y firma a continuación indican que a usted se le ha informado sobre el Aviso de Prácticas de privacidad (Notice of Privacy Practices, NOPP) de Concentra en la fecha indicada. Usted comprende que el NOPP se publica en el centro y que se le proporcionará una copia si la solicita. Si esta es su primera fecha de uso del servicio de Concentra, indíquelo a la persona encargada de la recepción y él o ella le brindará una copia del NOPP. Si tiene alguna pregunta acerca de la información en el Aviso de prácticas de privacidad de Concentra, comuníquese con la Oficina de privacidad de Concentra llamando al 800-819-5571 o en privacyoffice@Concentra.com.

Nombre: (escriba en letra de molde) _____ Fecha en que se recibió el aviso: _____

✍ Firma:_____ Fecha: _____

BBP Exposure Incident Assessment

START HERE

Do I have a Bloodborne Pathogen Exposure?

Was the injury...

- Needlestick or other sharps injury
- Body fluid splash to broken skin
- Human bite that broke the skin
- Body fluid splash to mouth, nose, or eyes

NO

NO Exposure

YES

Type of Body Fluid

Body Fluid involved was...

- Blood free saliva/spittle
- Blood free urine
- Blood free vomit
- Tears
- Sputum/phlegm

You have an injury that may be considered low risk

- A splash of any body fluid on to intact skin is considered low risk
- No further action is required
- Clean wound with disinfectant

Body Fluid involved was...

- Blood
- Pleural fluid
- Semen
- Vaginal secretions
- Breast milk
- Amniotic fluid
- Peritoneal fluid
- Pericardial fluid
- Unfixed tissues/organ
- Blood stained fluids e.g. urine/vomit

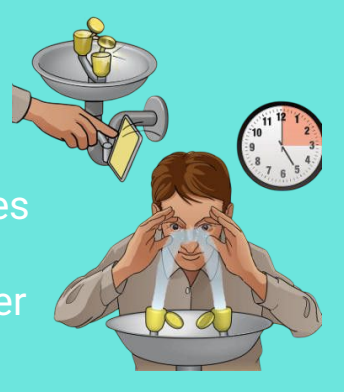
Immediate Self-Care

Don't Scrub the Wound

Percutaneous
(needlestick, skin cut)

- Immediately wipe off excess blood from the skin.
- encourage the site to bleed by gently squeezing then wash with soap and water
- Small wounds and punctures may also be cleansed with an antiseptic, for example an alcohol-based hand sanitizer solution.

Mucocutaneous
(mucous membrane)



- Flushing eye(s) thoroughly for a minimum of 15 minutes with water or saline
- Irrigate eyes before and after removing contact lenses
- Rinse mouth with saline or water.
- Wash face and flush eyes as necessary.

Seek Medical Advice

Treatment should start within 2 hrs after exposure

Seek Medical Advice

MONTGOMERY COLLEGE

Biohazard Spill Response

A biohazardous spill occurs anytime there is an unplanned release of potentially infectious material into the work environment. Proper response to these incidents can ensure personnel and community safety while eliminating environmental contamination. In order for a biohazardous spill response to be effective and safe for the campus community, affected work groups must:

- Implement a spill response procedure for their work environment.
- Assure that spill cleanup materials are available for use;
- Assure that all personnel are trained in the provisions of the spill response procedure.

SPILL KIT MATERIALS

Spill Kit Container	Personal Protective Equipment	Clean-up Tools	Disinfectant Agents	Absorbent Material
Have labeled designated containers (e.g., clear bag, bucket, or plastic tote) for the appropriate kit materials	Disposable lab coats/gown with sleeves	Hand brush or broom with polypropylene bristles. Dustpan/scoop (preferably polypropylene)	Bleach (Dilute 10% to 20% solution at the time of use)	Absorbent pads, socks, or booms
Spill kits should be checked to make sure they are fully stocked and products not expired	Disposable gloves (e.g., latex, vinyl, or nitrile), few pairs, multiple sizes	Sharps Container (available for use)	Cavicide, Trifectant	High-absorbency paper towels (e.g., WypAlls)
All personnel working in the lab should know their location	Disposable shoe covers (at least 4 pairs)	Tweezers or forceps (for removing contaminated sharps)	Virkon, Oxicide	Non-polymer-based absorbent (e.g., clay cat litter)
Labs with multiple rooms should have multiple kits available and customized to the location and hazards present.	Splash-resistant goggles (at least 2 pairs). Face shield (if possibility of splashing or aerosolization exists)	Biohazard waste bags, sealing tape or rubber bands for biowaste bags. Disposable trash bags	EPA registered products against lab-specific agents (e.g., HIV, *Tuberculosis,* SARS-CoV-2, etc)	

PROCEDURES

Blood and Body Fluid Spills

- Wear gloves, eye protection, and a lab coat.
- Collect any sharp objects with forceps or other mechanical device and place in a sharps container.
- Using a detergent solution, clean the spill site of all visible blood.
- Spray the spill site with 10% bleach or other disinfectant and allow 10 minute contact time. If using an EPA approved disinfectant, allow the appropriate contact time as recommended by the disinfectant manufacturer's instructions.
- After the contact time, wipe area down with disinfectant-soaked paper towels.
- Discard all disposable materials used to decontaminate the spill and any contaminated personal protective equipment into a biohazard bag.
- Remove gloves and wash your hands with soap and water.
- Ensure spill supplies are restocked for next use.

Biosafety Level 1 (BSL-1) Spills

- Notify others in the area, to prevent contamination of additional personnel and environment
- Remove any contaminated clothing and wash exposed skin with soap and water.
- Put on disposable gloves, lab coat, and splash protection (eye protection and surgical mask if cleaning a large spill with potential for splashes)
- Pick up any pieces of broken glass or other solid materials in the spill with forceps or tongs and place contaminated broken glass in a sharps container.
- Cover spill with paper towels or other absorbent material, pour or spray disinfectant around the spill allowing it to mix with spilled material. Allow suitable contact time, usually 5-10 minutes; material can be scooped up before this time-frame, but organisms may not be inactivated.
- Mechanically scoop up the absorbed spill using scoops or cardboard.
- Discard all disposable materials used to clean up the spill into a biohazard bag.
- Wash hands with soap and water.
- Return unused spill materials to designated location. Ensure that the spill supplies are restocked for next use.

Special Situations

In some situations, it may not be appropriate for personnel to clean up a biohazardous spill. This may be the case if:

- An employee has not received training in biohazardous spill cleanup;
- Appropriate spill materials are not available;
- The spill is a combined hazard spill (i.e. radiation and biohazard);
- The spill is too large to be handled by your staff.

In these situations, personnel should take the following primary response steps:

1. Notify others in the work area of the spill;
2. Close off the area where the spill is located;
3. Contact Public Safety
4. Keep others out of the spill area until responders arrive and spill hazard is removed.