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| PROCEDURE TITLE: | BLOODBORNE PATHOGENS – EXPOSURE CONTROL PLAN |
| PROCEDURE NO.: | 5.21:1 |
| RELATED POLICY: | 5.21REV |
| PAGE NO.: | 1 OF 8 |
| RESPONSIBLE PARTY: | ENVIRONMENTAL HEALTH & SAFETY |
| EFFECTIVE DATE: | 12/19/2022 |
| NEXT REVIEW DATE: | 12/2025 |
| APPROVED BY: | PRESIDENT |

1.0 PURPOSE

The purpose of this procedure is to establish an Exposure Control Plan (ECP) to address occupational exposure of University personnel with contact to human blood or other potentially infectious materials (OPIM). OPIM include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood.

2.0 RESPONSIBILITIES

2.1 The Office of Environmental Health and Safety (EHS) is responsible for the effective administration of this procedure, awareness and training of University employees, and to ensure the appropriate disposal of biohazardous waste. The Office of EHS shall:

- 2.1.1 Prepare and distribute the ECP to applicable departments.
- 2.1.2 Annually review the ECP for effectiveness and update as necessary. The update shall be required to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
- 2.1.3 Provide or coordinate training for all affected workers concerning occupational transmission of bloodborne pathogens, as required in the standard.
- 2.1.4 Maintain training records.
- 2.1.5 Assist departments in identifying employee job classifications in which occupational exposure to human blood may occur.
- 2.1.6 Coordinate disposal of regulated waste.

2.2 The University Health Clinic (UHC) shall:

- 2.2.1 Provide medical evaluations, vaccinations and counseling to affected employees. Specific responsibilities include:
 - 2.2.1.1 Pre-exposure prophylaxis (vaccinations)

- 2.2.1.2 Post exposure prophylaxis and treatment
 - 2.2.1.3 Employee counseling
 - 2.2.1.4 Follow up evaluation(s)
 - 2.2.1.5 Control and maintenance of all medical records
 - 2.2.1.6 Evaluation of incidents of occupational exposure to human blood resulting from performance of employees' duties and documentation of the circumstances under which the exposure occurred.
- 2.3 Departmental heads are responsible for ensuring their employees comply with the provisions of this ECP. Each University department is responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, etc. Hepatitis B vaccinations shall be administered through the SSU Health Clinic. The affected department head shall:
- 2.3.1 Provide, at no cost to the employee, all supplies and personal protective equipment (PPE) and vaccinations that are necessary for compliance with this ECP.
 - 2.3.2 Ensure that the ECP is accessible to all employees in the worksite and that the employees comply with the requirements of the Plan.
 - 2.3.3 Provide specific work practice training and maintain copies of those training records.
 - 2.3.4 Solicit input from non-managerial employees who are responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls and document the solicitation in the ECP.
- 2.4 Lab users (students, lab coordinators, employees) with occupational exposure to human blood or OPIM shall:
- 2.4.1 Adhere to the requirements of the ECP.
 - 2.4.2 Complete all safety training requirements and comply with documentation procedures.
 - 2.4.3 Report all suspected exposure incidents.

3.0 WORK PRACTICES AND PRECAUTIONS

- 3.1 Universally established precautions will be observed by employees in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source.
- 3.2 The following work practices will be utilized to eliminate or minimize exposure to employees:
- 3.2.1 Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
 - 3.2.2 Employees must routinely wash their hands as soon as feasible after removal of gloves or other personal protective equipment.
 - 3.2.3 Employees shall familiarize themselves with the nearest hand-washing location for the buildings in which they work. Because most SSU buildings are public access, hand washing facilities are available in multiple public restrooms, as well as in janitorial closets. (If hand washing facilities are not available, each department will provide its workers either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)
 - 3.2.4 University employees who encounter improperly disposed of needles shall notify the Office of Environmental Health & Safety of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified (i.e., lab manager, residence coordinator etc.).
 - 3.2.5 Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location, contact the facilities department for proper disposal.
 - 3.2.6 Needles should never be recapped.
 - 3.2.7 Needles may be moved or picked up only by using a mechanical device or tool (forceps, pliers, or broom and dust pan).
 - 3.2.8 Breaking or shearing of needles is prohibited.
 - 3.2.9 No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
 - 3.2.10 No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or OPIM are present.

- 3.2.11 Employees must perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

4.0 DECONTAMINATION

- 4.1 Decontamination will be accomplished by utilizing the following procedures and materials:

- 4.1.1 Equipment that may become contaminated with blood or OPIM will be examined and decontaminated before servicing or use.
- 4.1.2 Broken glassware will not be picked up directly with the hands, but will be swept or brushed into a dustpan.
- 4.1.3 Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom, and marked with an appropriate biohazard label.
- 4.1.4 When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- 4.1.5 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.
- 4.1.6 Proper disinfectant approved for cleanup of blood or OPIM.
- 4.1.7 All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or OPIM.
- 4.1.8 The disinfectant must be left in contact with contaminated work surfaces, tools, objects, or OPIM for at least 10 minutes before cleaning.

4.2 Regulated Waste

- 4.2.1 Regulated waste shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport. Biohazard bags and labels are available through the facilities department.
- 4.2.2 Incineration of biohazardous waste shall be handled by a biological waste destructor. This shall be coordinated through the EHS office.

4.3 Laundry Procedures

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use.

5.0 PERSONAL PROTECTIVE EQUIPMENT

5.1 Each University department will provide gloves, face shields, masks, eye protection, and aprons, and will replace or repair personal protective equipment as necessary at no cost to their employees.

5.2 All personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

5.3 Employees must:

5.3.1 Utilize protective equipment in occupational exposure situations.

5.3.2 Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.

5.3.3 Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.

5.3.4 Remove all personal protective equipment before leaving the work area.

5.3.5 Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

6.0 HEPATITIS B VACCINE

6.1 The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

6.2 If the employee initially declines the Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal (see Appendix A, attached). If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

6.3 The Hepatitis B vaccine shall be offered to all University personnel who, during the course of their employment and regular job duties, may come into contact with human blood or potentially infectious bodily fluids.

7.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

7.1 All exposure incidents shall be reported, investigated, and documented. When an employee is exposed, the exposure shall be reported immediately to the supervisor and the Office of Environmental Health & Safety.

7.2 Following a report of an exposure incident, the exposed employee shall go to the University Health Clinic (or other medical facility as needed) for a confidential medical evaluation and follow-up, including at least the following elements:

7.2.1 Documentation of the route(s) of exposure.

7.2.2 A description of the circumstances under which the exposure occurred.

7.2.3 The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)

7.2.4 The collection and testing of the source individual's blood for hepatitis B virus (HBV) and HIV serological status.

7.2.5 Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.

7.2.6 Counseling.

7.2.7 Evaluation of any reported illness.

7.3 The Healthcare professional evaluating an employee will be provided with the following information:

7.3.1 A copy of the University's ECP.

7.3.2 A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030).

7.3.3 Documentation of the route(s) of exposure.

7.3.4 A description of the circumstances under which the exposure occurred.

7.3.5 Results of the source individual's blood testing, if available.

7.3.6 All medical records applicable to treatment of the employee, including vaccination status.

7.4 The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

7.4.1 The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following:

7.4.1.1 Whether the employee needs the Hepatitis B vaccination.

7.4.1.2 Whether the employee has received such a vaccination.

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

7.4.2.1 Whether the employee was informed of the results of the evaluation.

7.4.2.2 Whether the employee was informed about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

7.4.2.3 All other findings or diagnoses will remain confidential and will not be in a written report.

7.4.2.4 All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee.

7.4.2.5 All medical records will be kept in accordance with 29 CFR 1910.1020.

7.5 Training

7.5.1 All employees at risk of exposure shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

7.5.2 Any employee who is exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.

7.5.3 Training will include at least the following elements:

7.5.3.1 An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.

- 7.5.3.2 A general explanation of the epidemiology and symptoms of bloodborne diseases.
- 7.5.3.3 An explanation of the modes of transmission of bloodborne pathogens.
- 7.5.3.4 An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- 7.5.3.5 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- 7.5.3.6 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.
- 7.5.3.7 Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- 7.5.3.8 An explanation of the basis for selection of personal protective equipment.

History

Effective: 07/11/2014

Revised: 12/19/2022

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

(print name) _____

(title) _____

(date) _____

(signature) _____