BLOODBORNE PATHOGEN PROGRAM
(OHS-0005)

For

KENT STATE UNIVERSITY

ISSUED: JULY 2006
REVISED: APRIL 2017
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1.0 PURPOSE

During the course of normal work activities, the possibility of exposure to bloodborne pathogens exists among faculty, staff and students when they:

1.1 Treat injures or ill individuals who are infected with, or carry a bloodborne pathogen.
1.2 Handle blood, or other potentially infectious materials (OPIM) during laboratory examinations or tests
1.3 Clean up spills of blood, blood products, vomit, stool or other infectious materials (Indirect Incidental Exposure)

The purpose of the program is to ensure affected university employees can identify and manage potential exposures to bloodborne pathogens. The university will fully comply with environmental health and safety standards and improve the overall safety of university faculty, staff and students.

2.0 DOCUMENT CONTROL

2.1 Approvals: This procedure as well as Environmental Health and Safety (EH&S) the Director, Environmental Health and Safety (DEHS) must approve procedures.

Approved by: ___________________________ Date: ______________
Director, Environmental Health and Safety

2.2 Responsibilities:

2.2.1 The administrator of this procedure is the Director of Environmental Health and Safety (DEHS). This includes updating/revising the procedure and providing revised copies to the Master Holder for distribution. The Administrator will establish a review schedule for this procedure to ensure the procedure contains up-to-date information regarding bloodborne pathogens.

2.2.2 The Master Copy Holder for this document is the DEHS and is responsible for ensuring the elements, control procedures, policies and checklists are followed. This includes the preparation of revisions, obtaining approvals, recording changes, distribution and compliance with relevant documents.

3.0 DEFINITIONS

*Blood*: Human blood, human blood components and products made from human blood.

*Bloodborne Pathogens*: Pathogenic microorganisms present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

*Clinical Laboratory*: A workplace where diagnostic or other screening procedures are performed on blood or OPIM.
Contaminated: The presence or the reasonably anticipated presence of blood or OPIM.

Contaminated Laundry: Laundry, which has been soiled with blood, or OPIM.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on an item to the point they cannot transmit infectious particles and the surface is safe for handling, use or disposal.

Employer: Kent State University

Engineering Controls: Controls that isolate or remove the bloodborne pathogen hazard from the workplace. Examples are sharps disposal containers, self-sheathing needles and needleless systems.

Exposure Control Officer: Director, Environmental Health and Safety

Exposure Determination: A list of job titles and tasks where occupational exposure to bloodborne pathogens might occur. The determination is made without regard to the use of personal protective equipment (PPE).

Category I: Employees who, through the course of their delegated work activities are reasonably suspected to come into contact with blood or OPIM. (Appendix B)

Category II: Employees who may periodically or infrequently encounter blood or OPIM during the performance of their delegated work activities. (Appendix B)

Exposure Incident: A specific eye, mouth, other mucous membranes, non-intact skin contact with blood or OPIM.

Handwashing Facility: A facility providing an adequate supply of clean running water, soap, single use towels or hand drying machines.

Indirect Incidental Exposure: Exposure to blood or OPIM other than by direct contact. This type of exposure usually occurs during the clean-up of blood or OPIM.

Infectious Waste: Waste contaminated with blood or other potentially infectious material (OPIM), cultures and stocks of infectious agents from laboratory work, or waste from patients in isolation wards and equipment (e.g. swabs, bandages and disposable medical devices)
**Licensed Healthcare Professional:** A person whose legal scope of practice allows them to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post Exposure Evaluation and Follow Up.

**HBV:** Hepatitis B virus

**HIV:** Human Immunodeficiency virus

**KSU:** Kent State University

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.

**Other Potentially Infectious Materials (OPIM):** Human body fluids, other than blood that may contain pathogens sufficient to cause illness in humans. They include:

1. Semen
   - Vaginal secretions
   - Cerebrospinal fluid
   - Pleural fluid
   - Synovial fluid
   - Pericardial fluid
   - Peritoneal fluid
   - Amniotic fluid
   - Saliva, in dental procedures
   - Body fluids visibly contaminated with blood
   - All body fluids in situations where it is difficult to distinguish between body fluids

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

3. HIV containing cell or tissue cultures, organ cultures and HIV or HBV containing cultures and blood, organs and tissue from experimental animals infected with HIV or HBV.

**Parenteral:** Piercing mucous membranes of the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn for protection against a hazard. General work clothes not intended as a protection against a hazard are not considered PPE.

**Regulated Waste:** Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM if compressed, items that are caked with dried blood or OPIM and are capable of releasing its contents during handling, contaminated sharps, pathological and microbiological wastes containing blood or OPIM.

**Research Laboratory:** A laboratory producing or using research laboratory quantities of OPIM and/or generates infectious waste. Research laboratories may produce high concentrations of OPIM or infectious waste, but not in the volume found in production facilities.
Sharps with Engineered Sharps Injury Protection: A non-needle sharp or a needle device for withdrawing body fluids, accessing a vein or artery with a built-in safety feature that effectively reduces the risk of an exposure incident.

Sterilize: The use of a physical or chemical procedure to destroy microbial life, including highly resistant bacteria.

Universal Procedures: An approach to infection control using the concept that all human blood and body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

4.0 OBJECTIVES

4.1 This program establishes the following policies and procedures:

4.1.1 An exposure determination plan lists job titles, and tasks with potential to bloodborne pathogens (Appendix B)

4.1.2 Only employees properly trained in the use of Universal Precautions will be allowed to clean blood spills and OPIM.

4.1.3 Bloodborne pathogen spill clean-up kits will be provided and stored in a predetermined location in each building. Contact your supervisor for its location.

4.1.4 University affected personnel and other employees will receive training in Universal Precautions and the safe clean-up of spills of blood and OPIM.

4.1.5 Kent State University will provide access to Hepatitis B vaccines through University Health Services at no cost to employees identified as having exposure to occupational bloodborne pathogens (Appendix B) and to those employees exposed to bloodborne pathogens.

4.1.6 Place infectious waste in a biological waste collection bag and arrange for proper disposal.

5.0 SCOPE

5.1 This policy applies to all Kent State University faculty and staff identified as having the potential to be exposed to blood or OPIM during the course of their work activities.

5.2 This program applies to the DeWeese Health Center, Recreational Services and academic laboratories, although each department is responsible for preparing their own written programs that addresses responsibilities, compliance, exposure control plans and work practices specific to those departments.
5.3 The written programs prepared by DeWeese Health Center, Recreational Services and academic laboratories must be submitted to the Director of Environmental Health and Safety and the Manager of Research Safety and Compliance for review.

6.0 EXPOSURE CONTROL PLANS

6.1 An Exposure Control Plan (ECP) is necessary to help eliminate, or minimize the risk of occupational bloodborne pathogen exposure of employees. Those departments in which employees with exposure to blood or OPIM are required to prepare an ECP.

6.2 Appendix D contains a sample of an Exposure Control Plan, as provided by the Occupational Safety and Health Administration (OSHA).

6.2 Each department or laboratory must create a site specific Exposure Control Plan.

  6.2.1 Update the ECP at least annually, but more frequently whenever tasks, procedures or assignments are modified.

7.0 RESPONSIBILITIES

7.1 Director Environmental Health and Safety

  7.1.1 The Director of Environmental Health and Safety, or designee will develop the general Bloodborne Pathogen Program and will act as the Exposure Control Officer.

  7.1.2 The Director of Environmental Health and Safety, or designee will conduct evaluations of the workplace to ensure the written Bloodborne Pathogen Program is implemented and employees are acting in accordance with procedures and practicing necessary protective measures.

7.2 Department/Principle Investigators

  7.2.1 Departments/Principle Investigators (PIs) are responsible for implementing the ECP, as well as maintaining and updating the laboratory specific ECP.

  7.2.2 Departments/PIs/Supervisors are responsible for providing and maintaining required personal protective equipment (PPE), engineering controls, universal biohazard signs, biohazard disposal boxes and red biohazard collection bags.

  7.2.3 The PIs/Supervisors are responsible for providing bloodborne pathogen training, maintaining training records and making those records available upon request.

7.3 University Health Services

  7.3.1 University Health Services will create a site-specific Bloodborne Pathogens Exposure Control Policy, which will identify:
7.3.1.1 University Health Services will provide pre-exposure access to the Hepatitis B vaccine at no cost to KSU employees identified as having a risk of occupational exposure to bloodborne pathogens and are subject by this program (Appendix B). Cost of the vaccines shall be the responsibility of the employee’s department.

7.3.2 University Health Services will provide post-exposure access to the Hepatitis B vaccines at no cost to university employees who had an exposure incident to bloodborne pathogens as identified in this program. Cost of the vaccines shall be the responsibility of the employee’s department.

7.3.3 University Health Services will create a site-specific Bloodborne Pathogens Exposure Control Policy, which will identify:

7.3.3.1 Employees considered Category I classifications, who are considered at risk of an Occupational Exposure to Bloodborne Pathogens.

7.3.3.2 Employees considered Category II classification, who are not considered at risk of an Occupational Exposure to Bloodborne Pathogens.

7.3.4.3 Provide the appropriate Hepatitis B vaccinations, as determined by the employees’ job category.

7.4 Recreational Services, Research Compliance and Facility Personnel

7.4.1 The above listed departments will each create a site-specific Bloodborne Pathogens Exposure Control Policy, which will identify:

7.4.1.1 Employees considered Category I classifications, who are considered at risk of an Occupational Exposure to Bloodborne Pathogens.

7.4.1.2 Employees considered Category II classification, who are not considered at risk of an Occupational Exposure to Bloodborne Pathogens.

7.4.1.3 Provide the appropriate Hepatitis B vaccinations, as determined by the employees’ job category.

8.0 METHODS OF COMPLIANCE

8.1 General

8.1.1 As noted earlier, University Health Services, Recreational Services and academic laboratories will create department specific Exposure Control Plans. In addition, this policy applies to Kent State University faculty and staff engaged in cleaning blood or OPIM spills. With few exceptions, this should be custodial staff only.
8.1.2 University staff are required to:

8.1.2.1 Notify supervisor(s) when a blood or OPIM spill occurs.

8.1.2.2 Stay out of areas where a blood or OPIM spill has occurred.

8.1.2.3 Do not re-enter the area of the blood or OPIM spill until custodial personnel have completed clean-up activities.

8.1.2.4 Receive periodic Bloodborne Pathogen training sessions.

8.1.3 Kent State University will provide Hepatitis B vaccines through University Health Services at no cost to university employees who are at risk of occupational exposure to bloodborne pathogens (See Appendix B). The following procedures apply:

8.1.3.1 Each employee in Category I covered by this program must be given the opportunity to get the Hepatitis B vaccinations prior to first exposure to blood or OPIM. This is part of the initial employment process.

8.1.3.2 Each employee in Category II covered by this program must be given the opportunity to get the Hepatitis B vaccines if they have a bloodborne pathogen exposure incident during their work related duties.

8.1.3.3 Those employees wishing to receive the Hepatitis B vaccinations must schedule appointments with University Health Services to get the shots. The vaccination consists of a series of three shots. The first shot is followed with the second shot one month later and the third shot is given six months after the second. All three shots are necessary for the vaccination to be effective.

8.1.3.4 University faculty and staff covered by this program must take a copy of the Acceptance/Declination form with them to the first appointment (Appendix C). The employee will be asked to complete the form prior to receiving the first shot.

8.1.3.4.1 If the employee decides later they wish to receive the vaccinations, they should request a new form and follow the procedures outlined in section 8.1.3.4.

8.1.3.5 Submit written documentation to University Health Services that employees received the opportunity to receive Hepatitis B vaccinations.
9.0 SYSTEM MAINTENANCE

9.1 Blood spill clean-up kits shall be stored in predetermined locations in each building. The supervisors must periodically inspect the kits to ensure their readiness, if needed.

10.0 TRAINING

10.1 All university employees working in areas where spills of blood or OPIM can occur are required to attend initial Bloodborne Pathogens training and subsequent training every three years.

11.0 RECORDKEEPING

11.1 The university will maintain documentation of spill clean-up procedures.

11.2 The university will maintain documentation of Bloodborne Pathogen training.

11.3 The university will maintain records of employees listed in Category I, or those who have had an exposure incident and been offered the Hepatitis B vaccinations.

11.4 Records will be kept for a minimum of five years.

12.0 REFERENCES

APPENDIX A

BLOODBORNE PATHOGEN CLEANUP PROCEDURE
Whenever a blood or other potentially infectious material (OPIM) spill occurs, follow these procedures to clean-up:

1. Notify your supervisor of the need for a body fluid clean up. Give the exact location and wait for the supervisor to arrive before cleaning the spill.
2. Don all required Personal Protective Equipment (PPE) required for use during a body fluid spill clean-up.
3. Apply coagulant or an absorbent compound to the body fluid spilled. Use enough absorbent to soak up the spill completely. The spill must be completely absorbed for decontamination.
4. Pick up the absorbent material using the scraper provided in the spill kit, or a broom and dustpan.
5. Place all spill material in a trash bag for disposal.
6. Place the dustpan and broom in the janitor’s sink for decontamination.
7. Clean and disinfect the spill area using a suitable disinfectant, following the label instructions.
8. After mopping the area with disinfectant, empty the mop bucket down the sink. Rinse the mop bucket and mop well. Fill the mop bucket with water and one cup of vinegar. Let the mop soak overnight in the solution.
9. Rinse the broom and dust pan with clear water to removal any material on them. Spray the dustpan and broom with disinfectant and allow to air dry.
10. Rinse the vinyl gloves in running water to remove any residual material. Carefully remove the gloves and place them in the trash bag.
11. Wash your hands completely with soap and water.
12. Remove any other PPE and dispose in the trash bag.
13. The supervisor is responsible for restocking the body fluid spill clean up kit, if necessary.
APPENDIX B
JOB CLASSIFICATIONS
Job Classifications

**Category I**  These positions are at risk of an occupational exposure to bloodborne pathogens.

- Director of Public Safety
- Associate Director of Public Safety
- Police Lieutenant
- Police Sargent
- Police Officer 2
- Police Officer 1
- Head Athletic Trainer
- Assistant Head Athletic Trainer
- Athletic Trainer
- Life Guards
- Custodians assigned to clean examination rooms in the University Health Center
- Aquatics Supervisors
- Aquatics Coordinator

**Category II**  These positions and tasks are not at risk of an occupational exposure to bloodborne pathogens.

All other university departments and areas, including, but not limited to:

- Resident Advisors, House and Hall Directors, and other staff of Student Housing and Residential Programs who would respond to injuries occurring within University residential buildings
- Academic Personnel who aid injured students or staff
- Child Development Specialist with the Child Development Center responsible for assisting injured children enrolled at the Center
- Maintenance and Custodial staff who periodically come into contact with blood and/or OPIM as part of their job duties
- Office workers, graduate students
- Any other University employee who respond as Good Samaritans to assist individuals who are injured
APPENDIX C
HEPATITIS B VACCINATION
CONSENT/DECLINATION FORM
Employee Consent to Hepatitis B Vaccination

I understand that because of my position I may have exposure to the Hepatitis B virus through exposure to blood or other potentially infectious materials. I hereby give my consent to receive the Hepatitis B vaccination series.

I have received information that because of the vaccination, I may experience some side effects such as:

1. Soreness at the injection site
2. Fatigue
3. Fever
4. Joint pain
5. Local reaction
6. Rash
7. Headache and/or
8. Dizziness

I certify that I have received training on Hepatitis B infection and immunization and I understand the potential hazards. I have received information on the procedure for obtaining the Hepatitis B series, at no charge, at the Kent State University Health Services. I will schedule an appointment at a suitable time.

Employee Name

Employee Signature

Date

Employee Declination to Receive Hepatitis B Vaccination

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 received the opportunity for vaccination with hepatitis B vaccine, at no charge to myself. 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 the vaccination with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date

Signature – Employee

Date

Signature – Witness
APPENDIX D
SAMPLE EXPOSURE CONTROL PLAN
Sample Exposure Control Plan

This model will serve employers as an example of an exposure control plan. The Bloodborne Pathogens Standard requires the development of an Exposure Control Plan (ECP).

The intent of this model is to provide employers with an easy-to-use format for developing a written exposure control plan. Each department will need to adjust or adapt the model for their specific use.

The information contained in this publication is not considered a substitute for the OSH Act or any provisions of OSHA Standards. It provides general guidance on a particular standard-related topic, but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance.

Please fill out blocks and tables, and check off any boxes that pertain to your specific plan.

**POLICY**

is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) will provide best practices to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.10303, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our department in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- ☐ Determination of employee exposure
- ☐ Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal Protective Equipment (PPE)
  - Housekeeping
  - Hepatitis B vaccine
  - Post-exposure evaluation and follow-up
  - Communication of hazards to employees and training
  - Recordkeeping
  - Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements are in the subsequent pages of this ECP.
**PROGRAM ADMINISTRATION** is responsible for the implementation of the ECP.

- will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact location/phone number:

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

- will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

- will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

- will be responsible for ensuring performance of all required medical actions and maintenance of appropriate employee health records.

- will be responsible for training, documentation of training, and making the written ECP available to employees and their representatives.

**EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

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<tr>
<th>Job Title</th>
<th>Department</th>
<th>Location</th>
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The following is a list of job classifications and job tasks in which some employees of this department could have occupational exposure:

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<tr>
<th>Job Title</th>
<th>Department</th>
<th>Task/Procedure</th>
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Part-time, temporary, contract and per diem employees are covered by the standard. The ECP will describe implementation of the standard for employees described in the ECP.
METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. The employees are also required to take annual refresher training.

All employees have an opportunity to review this plan at any time during their work shifts by contacting . If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

is responsible for annual review and updating of the ECP, or more frequently if necessary to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls prevent or minimize exposure to bloodborne pathogens. The following list is specific engineer controls and work practice controls.

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<th>Work Practice Controls</th>
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Sharps disposal containers are inspected and maintained or replaced by every , or whatever necessary to prevent overfilling.

The facility identifies the need for changes in engineering control and work practices through

We evaluate new procedures or new products regularly by . Both front line workers and management officers are involved in this process. Employees will be involved by

will ensure effective implementation of these recommendations.
Personal Protective Equipment (PPE)

The university provides Personal Protective Equipment to employees at no cost to them. The university will provide training in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available and its location are as follows:

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<th>Personal Protective Equipment (PPE)</th>
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will specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.

**All employees using PPE must observe the following precautions:**

- ☐ Wash hands immediately or as soon as feasible after removal of gloves or other PPE
- ☐ Remove PPE after it becomes contaminated, and before leaving the work area
- ☐ Used PPE may be disposed of in
- ☐ Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or can no longer function as a barrier
- ☐ Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- ☐ Never wash or decontaminate disposable gloves for reuse
- ☐ Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth
- ☐ Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with outer surface
- ☐ The procedure for handling used PPE is as follows:
Housekeeping

Place regulated waste in containers, which are closable, constructed to contain all contents, prevent leakage, are appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is

The procedure for handling other regulated waste is

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Use mechanical means, such as a brush and dustpan, to pick up broken glassware, which may be contaminated

Laundry

The university will launder the following contaminated articles:

Laundering is the responsibility of at

Please adhere to the following laundering requirements:

☐ Handle contaminated laundry as little as possible, with minimal agitation

☐ Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with biohazard symbol for this purpose

☐ Wear the following PPE when handling and/or sorting contaminated laundry:

Labels

The following labeling method(s) are required: size, color, etc.

will ensure secured warning labels or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify if they discovered regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.
HEPATITIS B VACCINE

will provide training to employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

☐ Documentation exists that the employee has previously received the series

☐ Antibody testing reveals that the employee is immune

☐ Medical evaluation shows that vaccination is contraindicated

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. is responsible for recordkeeping.

will provide vaccinations at . Following the medical evaluation, a copy of the health care professional’s Written Opinion will be provided to the employee. I will be limited to whether the employee requires the hepatitis vaccine, and if the employee received the vaccine.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact at the following number:

An immediately available confidential medical evaluation and follow-up will be conducted by . Following the initial first aid, the following activities are required:

☐ Document the routes of exposure and how exposure occurred

☐ Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law)

☐ Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Document the source individual’s test results were sent to the employee’s health care provider

☐ If the source individual is already known to be HIV, HCV, and/or HBV positive. New testing is not necessary.

☐ Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality)

☐ After containing consent, collect exposed employee’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
☐ If the employee does not give consent for HIV serological testing during collection of blood for baseline testing; preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

ensures health care professional(s) responsible for employee’s hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA’s bloodborne pathogens standard.

ensures that the health care professional evaluating an employee after an exposure incident receives the following:

☐ A description of the employee’s job duties relevant to the exposure incident
☐ Route(s) of exposure
☐ Circumstances of exposure
☐ If possible, results of the source individual’s blood test
☐ Relevant employee medical records, including vaccination status
☐ provides the employee with a copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

will review the circumstances of all exposure incident to determine:

☐ Engineering controls in use at the time
☐ Work practices followed
☐ A description of the device being used (including type and brand)
☐ Protective Equipment or clothing that was used at the time of the exposure incident
☐ Location of the incident
☐ Procedure being performed when the incident occurred
☐ Employee’s training
will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If revisions are necessary, will ensure the ECP is amended.

**EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by . Attach a brief description of their qualifications.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- ☐ A copy and explanation of the standard
- ☐ An explanation of our ECP and how to obtain a copy
- ☐ An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- ☐ An explanation of the use and limitations of engineering controls, work practices, and PPE
- ☐ An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- ☐ An explanation of the basis for PPE selection
- ☐ Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge
- ☐ Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- ☐ An explanation of the procedure 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 the employer is required to provide for an employee following an exposure incident
- ☐ An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- ☐ An opportunity for interactive questions and answers with the person conducting the training session
- ☐ Training materials for this facility are available at
RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at  

The training records include:

☐ The dates of the training sessions

☐ The contents or a summary of the training sessions

☐ The names and qualifications of persons conducting the training

☐ The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days. Such requests should be addressed to  

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”

is responsible for maintenance of the required medical records. These confidential records are kept at  

for at least the duration of employment plus 30 years.

Employee records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by  

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are recorded in the Sharps Injury Log. All incidences must include:

☐ The date of the injury

☐ The type and brand of the device involved

☐ The department or work area where the incident occurred

☐ An explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.
29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. Maintenance of the log is required according to 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.