

# BLOODBORNE PATHOGENS

## EXPOSURE CONTROL PLAN



CALIFORNIA STATE UNIVERSITY, FRESNO

OFFICE OF

ENVIRONMENTAL HEALTH AND SAFETY

January 2015

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## SECTION I

### PURPOSE OF THE PLAN

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out . . . to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The State of California has further codified the Standard in CCR Title 8 GISO Section 5193. The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that employees may encounter in their workplace.

California State University, Fresno believes that there are a number of "good general principles" that should be followed when working with bloodborne pathogens. These include that:

- It is prudent to minimize all exposure to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- The campus should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

The University has implemented this Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect our employees from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

Students who are employed by the University are considered to be employees as described within this plan. All other students not covered under this plan however, will still need to follow all of the recommendations made in the plan in order to ensure their safety. The costs of vaccination and testing, if needed, will have to be borne by any such individual students who are not employees of the University.

## **SECTION II**

### **GENERAL PROGRAM MANAGEMENT**

#### **A. RESPONSIBLE PERSONS**

There are four major "Categories of Responsibility" that are central to the effective implementation of the Exposure Control Plan. These are:

- The "Exposure Control Officer".
- Department Managers and Supervisors.
- Education/Training Instructors.
- Employees.

The following sections define the roles played by each of these groups in carrying out our plan. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the Office of Environmental Health & Safety, Risk Management and Sustainability (EHS RMS) is to be notified of the change, so that the records can be updated.

#### **EXPOSURE CONTROL OFFICER**

The "Exposure Control Officer" will be responsible for overall management and support of the University's Bloodborne Pathogens Compliance Program. Activities which are delegated to the Exposure Control Officer typically include, but are not limited to:

- Overall responsibility for implementing the Exposure Control Plan for all campus facilities.
- Working with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Looking for ways to improve the Exposure Control Plan, as well as to revise and update the plan when necessary.
- Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
- Knowing current legal requirements concerning bloodborne pathogens.
- Acting as University liaison during OSHA inspections.

- Conducting periodic on-campus facility audits to maintain an up-to-date Exposure Control Plan.

## **DEPARTMENT CHAIRMEN AND SUPERVISORS**

Department Chairmen and Supervisors are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officer and campus employees to ensure that proper exposure control procedures are followed.

## **EDUCATION/TRAINING COORDINATOR**

The Office of EHS RMS will be responsible for coordinating information and training to all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of the Office of EHS RMS include:

- Maintaining an up-to-date list of campus personnel requiring training (in conjunction with facility management).
- Developing suitable education/training programs.
- Scheduling periodic training seminars for employees.
- Maintaining appropriate training documentation such as "Sign-in Sheets", Quizzes, etc.
- Periodically reviewing the training programs with the Exposure Control Officer, Department Chairmen and Supervisors to include appropriate new information.

## **EMPLOYEES**

As with all of the University's activities, its employees have the most important role in the bloodborne pathogens compliance program, for the ultimate execution of much of the Exposure Control Plan rests in their hands. In this role employees must do things such as:

- Know what tasks they perform that have occupational exposure.
- Attend the bloodborne pathogens training sessions.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good personal hygiene habits.

## **B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES**

To help employees with their efforts, copies of the University's Exposure Control Plan are available to them at all times. Employees are advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are kept in the following locations:

- Office of Environmental Health & Safety, Risk Management and Sustainability
- Department of Biology, College of Science and Mathematics
- Department of Chemistry (Forensic Science), College of Science and Mathematics
- Department of Nursing, College of Health and Human Services
- Department of Kinesiology, College of Health and Human Services
- Department of Physical Therapy, College of Health and Human Services
- University Health and Psychological Services
- Department of Facilities Management
- Department of Public Safety

## **C. REVIEW AND UPDATE OF THE PLAN**

The University recognizes that it is important to keep the Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually.
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees.
- Whenever our employees' jobs are revised such that new instances of occupational exposure may occur.
- Whenever new functional positions are established within any campus facility that may involve exposure to bloodborne pathogens.

## SECTION III

### EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this in on-campus facilities, the University has prepared the following lists:

- Job classifications in which all employees have occupational exposure to bloodborne pathogens.
- Job classifications in which some employees have occupational exposure to bloodborne pathogens.
- Tasks and procedures in which occupational exposure to bloodborne pathogens occur (these tasks and procedures are performed by employees in the job classifications shown on the two previous lists).

The Office of EHS RMS will work with department chairmen and supervisors to revise and update these lists as tasks, procedures, and classifications change.

**JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES**

**HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications on-campus where all employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

<b><u>JOB TITLE</u></b>	<b><u>DEPARTMENT/LOCATION</u></b>
<u>Director</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Physicians</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Registered Nurses</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Nurse Practitioners</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Radiologist</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Licensed Vocational Nurses</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Clinical Aides</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Clinical Lab Technicians</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Student Assistants</u>	<u>Univ Health &amp; Psych. Services</u>
<u> </u>	<u> </u>

**JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES**

**HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications on-campus where some employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

<b><u>JOB TITLE</u></b>	<b><u>DEPARTMENT/LOCATION</u></b>
<u>Professors</u>	<u>Nursing</u>
<u>Instructors</u>	<u>Nursing</u>
<u>Instructional Support Technicians</u>	<u>Nursing</u>
<u>Professors</u>	<u>Physical Therapy</u>
<u>Instructors</u>	<u>Physical Therapy</u>
<u>Public Safety Investigators</u>	<u>Public Safety</u>
<u>Supervising Public Safety Officers</u>	<u>Public Safety</u>
<u>Public Safety Officers</u>	<u>Public Safety</u>
<u>Professors</u>	<u>Kinesiology</u>
<u>Instructors</u>	<u>Kinesiology</u>
<u>Instructional Support Technicians</u>	<u>Kinesiology</u>
<u>Athletic Coaches</u>	<u>Athletics</u>
<u>Athletic Equipment Technicians</u>	<u>Athletics</u>
<u>Equipment Technicians</u>	<u>Athletics</u>
<u> </u>	<u> </u>

**JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES**

**HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications on-campus where some employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

<b><u>JOB TITLE</u></b>	<b><u>DEPARTMENT/LOCATION</u></b>
<u>Professors</u>	<u>Biology</u>
<u>Instructors</u>	<u>Biology</u>
<u>Instructional Support Technicians</u>	<u>Biology</u>
<u>Professors</u>	<u>Chemistry</u>
<u>Instructors</u>	<u>Chemistry</u>
<u>Instructional Support Technicians</u>	<u>Chemistry</u>
<u>Supervising Custodians</u>	<u>Plant Operations</u>
<u>Lead Custodians</u>	<u>Plant Operations</u>
<u>Custodians</u>	<u>Plant Operations</u>
<u> </u>	<u> </u>



## SECTION IV

### METHODS OF COMPLIANCE

The University understands that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in its campus facilities. The first five areas dealt with in the plan are:

- The use of Universal Precautions.
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using necessary Personal Protective Equipment.
- Implementing appropriate Housekeeping Procedures.

Each of these areas is reviewed with our employees during their bloodborne pathogens related training (see the "Information and Training" section of this plan for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, it is felt that this will eliminate or minimize our employees' occupational exposure to bloodborne pathogens as much as is possible.

#### A. UNIVERSAL PRECAUTIONS

In all of the campus facilities the University observes the practice of "Universal Precautions" to prevent contact with blood and other potentially infectious materials. As a result, all human blood and the following body fluids are treated as if they are known to be infectious for HBV, HIV and other bloodborne pathogens:

- Semen.
- Vaginal secretions.
- Cerebrospinal fluid.
- Synovial fluid.
- Pleural fluid.
- Pericardial fluid.
- Peritoneal fluid.
- Amniotic fluid.
- Saliva.

In circumstances where it is difficult or impossible to differentiate between body fluid types, all body fluids are assumed to be potentially infectious.

The Office of EHS RMS is responsible for overseeing the University's Universal Precautions Program.

## **B. ENGINEERING CONTROLS**

One of the key aspects to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, the campus facilities employ equipment such as biohazard materials containers, sharps disposal containers, and ventilating laboratory hoods as appropriate.

The Office of EHS RMS periodically works with department chairmen and supervisors to review tasks and procedures performed in the campus facilities where engineering controls can be implemented or updated.

These tasks and procedures will be reexamined during the annual Exposure Control Plan review and opportunities for new or improved engineering controls will be identified. Any existing engineering controls will also be reviewed for proper function and needed repair or replacement every 12 months, the review being conducted in conjunction with the department chairman or supervisor where the equipment is located.

Some or all of the following engineering controls are used throughout the campus:

- Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated reusable sharps having the following characteristics:
  - Puncture-resistant
  - Color-coded or labeled with a biohazard warning label.
  - Leak-proof on the sides and bottom.
- Specimen containers which are:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label.
  - Puncture-resistant, when necessary.
- Secondary containers which are:
  - Leak-proof.
  - Color-coded or labeled with a biohazard warning label.
  - Puncture-resistant, if necessary.
- Self-sheathing needles.

## ENGINEERING CONTROL EQUIPMENT

The following areas have, or should have, Engineering Control Equipment to eliminate or minimize the employees' exposure to bloodborne pathogens. If equipment is needed but not yet installed "None" is indicated in the "Control Equipment" column.

<u>DEPARTMENT/LOCATION</u>	<u>CONTROL EQUIPMENT</u>	<u>NEEDS UPDATING?</u>	<u>LAST REVIEW DATE</u>

## C. WORK PRACTICE CONTROLS

In addition to engineering controls, the University uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens.

The Office of EHS RMS is responsible for overseeing the implementation of these Work Practice Controls in conjunction with the department chairmen and supervisors.

The University has adopted the following Work Practice Controls as part of the Bloodborne Pathogens Compliance Program:

- Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
  - It can be demonstrated that there is no feasible alternative.
  - The action is required by specific medical procedure.
  - In the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- All procedures involving blood or other infectious materials minimize splashing, spraying or other actions generating droplets of these materials.
- Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and

storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well).

- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
  - Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

When a new employee is hired on-campus, or an employee changes jobs to another campus facility, the following process takes place to ensure that they are trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.
- If the employee is transferring from one job to another on-campus, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
- Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified.
- The employee is then trained by the Environmental Health and Safety Office or another instructor regarding any work practice controls that the employee is not experienced with.

#### **D. PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment is the campus employees' "last line of defense" against bloodborne pathogens. Because of this, the University provides (at no cost to our employees) the Personal Protective Equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Gloves.
- Gowns.
- Laboratory coats.
- Face shields/masks.
- Safety glasses.

- Goggles.
- Mouthpieces.
- Resuscitation bags.
- Pocket masks.
- Hoods.
- Shoe covers.

Hypoallergenic gloves, gloveliners and similar alternatives are readily available to employees who are allergic to the gloves the campus facilities normally use.

The Office of EHS RMS, working with department chairmen and supervisors, is responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

The University's employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

To determine whether additional training is needed, the employee's previous job classification and tasks are compared to those for any new job or function that they undertake. Any needed training is provided by their department chairman or supervisor working with the Office of EHS RMS.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the campus facilities adhere to the following practices:

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by forwarding that equipment to the Office of EHS RMS.

To make sure that this equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All personal protective equipment is removed prior to leaving a work area.
- Gloves are worn in the following circumstances:
  - Whenever employees anticipate hand contact with potentially infectious materials.
  - When performing vascular access procedures.
  - When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.
- Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" is anticipated (such as autopsies and orthopedic surgery).

## **E. HOUSEKEEPING**

Maintaining the facilities on campus in a clean and sanitary condition is an important part of the University's Bloodborne Pathogens Compliance Program. All areas that have the potential for bloodborne pathogens contamination should set up a cleaning schedule which will include the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

## CLEANING SCHEDULE

<b>AREA</b>	<b>SCHEDULED CLEANING (DAY/TIME)</b>	<b>CLEANERS &amp; DISINFECTANTS USED</b>	<b>SPECIAL INSTRUCTIONS</b>

Using this schedule, the housekeeping/environmental services staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
  - After the completion of medical procedures.
  - Immediately (or as soon as feasible) when surfaces are overtly contaminated.
  - After any spill of blood or infectious materials.
  - At the end of the work shift if the surface may have been contaminated during that shift.
- Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:
  - As soon as it is feasible when overtly contaminated.
  - At the end of the work shift if they may have been contaminated during the shift.
- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- Contaminated reusable sharps are stored in containers that do not require "hand processing".

The University is also very careful about the campus facilities handling of regulated waste (including contaminated sharps, laundry, used bandages and other potentially infectious materials). The following procedures are used with all of these types of wastes:

- They are discarded or "bagged" in containers that are:
  - Closeable.
  - Puncture-resistant.
  - Leak-proof if the potential for fluid spill or leakage exists.
  - Red in color or labeled with the appropriate biohazard warning label.
- Containers for this regulated waste are located in all of the campus facilities within easy access of our employees and as close as possible to the sources of the waste.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Contaminated laundry is handled as little or possible and is not sorted or rinsed where it is used.
- Whenever our employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

The Office of EHS RMS is responsible for the collection and handling of the University's contaminated waste.

## **SECTION V**

### **HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The Administration, Faculty and Staff of the University recognize that even with good adherence to all of our exposure prevention practices, exposure incidents can occur. As a result, a Hepatitis B Vaccination Program has implemented, as well as setting up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

#### **A. VACCINATION PROGRAM**

To protect our employees as much as possible from the possibility of Hepatitis B infection, the University has implemented a vaccination program for those employees who may be at risk to exposure. This program is discussed in the bloodborne pathogens training and is available to all employees who may have occupational exposure to bloodborne pathogens. The cost of the vaccination program is covered under the medical monitoring budget currently administered by the Human Resources Office.

Vaccinations are available to University employees through the Saint Agnes Occupational Health Center.

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional. Employees who decline to take part in the program will sign the "Vaccination Declination Form".



**VACCINATION DECLINATION FORM**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to 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 to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at any time at no charge to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Representative Signature

\_\_\_\_\_  
Date

## **B. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

If one or more campus employees are involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that the University will immediately focus its efforts on:

- Investigating the circumstances surrounding the exposure incident.
- Making sure that the employees receive medical consultation and treatment (if required) as expeditiously as possible.

Each Department with the assistance of the Office of EHS RMS investigates every exposure incident that occurs within that department. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- When the incident occurred.
  - Date and time.
- Where the incident occurred.
  - Location within the campus facility.
- What potentially infectious materials were involved in the incident.
  - Type of material (blood, amniotic fluid, etc.).
- Source of the material.
- Under what circumstances the incident occurred.
  - Type of work being performed.
- How the incident was caused.
  - Accident.
  - Unusual circumstances (such as equipment malfunction, power outage, etc.).
- Personal protective equipment being used at the time of the incident.
- Actions taken as a result of the incident.
  - Employee decontamination.
  - Cleanup.
  - Notifications made.

After this information is gathered it is evaluated, a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future. To help with this, the "Incident Investigation Form" found on the following page is used.

In order to make sure that the campus employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, the University has set up a comprehensive post-

exposure evaluation and follow-up process. The "checklist" on the following page is used to verify that all the steps in the process have been taken correctly. This process is overseen by University Health and Psychological Services and the Office of EHS RMS.

The University recognizes that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the people involved.

As the first step in this process the exposed employee is provided with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless infeasible or prohibited by law).

Next, if possible, the source individual's blood is tested to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. Any and all information obtained under the above procedure shall otherwise remain completely confidential. The cost of this test is covered under the medical monitoring budget currently administered by the Human Resources Office.

Finally, the blood of the exposed employee is collected by University Health and Psychological Services and tested for HBV and HIV status, although the employee retains the right to decline testing. Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

### **C. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

After the consultation, the healthcare professional provides the Office of EHS RMS with a written opinion evaluating the exposed employee's situation. The Office of EHS RMS, in turn, furnishes a copy of this opinion to the exposed employee.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the employee.
- Whether the employee has received the Hepatitis B Vaccination.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

#### **D. MEDICAL RECORDKEEPING**

To ensure that the necessary medical information is available the University maintains comprehensive medical records on all affected employees. The University Health and Psychological Services Center retains records up through 2010; copies of records subsequent to 2010 may be obtained through the Saint Agnes Occupational Health Center; all records should include the following information:

- Name of the employee.
- Social security number of the employee.
- A copy of the employee's Hepatitis B Vaccination status.
  - Dates of any vaccinations.
  - Medical Records relative to the employee's ability to receive vaccination.
- Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens.
- A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, the University recognizes that it is important to keep the information in these medical records confidential. The University will not disclose or report this information to anyone without our employee's written consent (except as required by law). These records shall be retained for a period of 30 years.

**EXPOSURE INCIDENT INVESTIGATION FORM**

**Date of Incident** \_\_\_\_\_ **Time of Incident** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Potentially Infectious Materials Involved:**

**Type:** \_\_\_\_\_ **Source:** \_\_\_\_\_  
\_\_\_\_\_

**Circumstances** (work being performed, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How incident was caused** (accident, equipment malfunction, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal protective equipment being used:** \_\_\_\_\_  
\_\_\_\_\_

**Actions taken** (decontamination, clean-up, reporting, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for avoiding repetition:** \_\_\_\_\_  
\_\_\_\_\_



## POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
• Employee furnished with documentation regarding exposure incident.	_____
• Source individual identified. ( _____ ) Source individual	_____
• Source individual's blood tested and results given to exposed employee. _____ Consent has not been able to be obtained.	_____
• Exposed employee's blood collected and tested. _____ Employee declines to have blood tested.	_____
• Appointment arranged for employee with healthcare professional. ( _____ ) Professional's name	_____
Documentation forwarded to healthcare professional.	_____

- \_\_\_\_\_ Bloodborne Pathogens.
- \_\_\_\_\_ Description of exposed employee's duties.
- \_\_\_\_\_ Description of exposure incident, including routes of exposure.
- \_\_\_\_\_ Result of source individual's blood testing.
- \_\_\_\_\_ Employee's medical records.

## **SECTION VI**

### **LABELS AND SIGNS**

For the campus employees the most obvious warning of possible exposure to bloodborne pathogens are biohazard labels. Because of this, the University has implemented a comprehensive biohazard warning labeling program in our campus facilities using labels of the type shown on the following page, or when appropriate, using red "color-coded" containers. The Office of EHS RMS is responsible for setting up and maintaining this program on-campus.

The following items in the campus facilities are labeled:

- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport or ship blood and other infectious materials.
- Laundry bags and containers.
- Contaminated equipment.

The University recognizes that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. However, the laboratories on-campus perform only clinical and diagnostic work and non-HIV and HBV research, which is not covered by these special signage requirements.



**BIOHAZARD LABEL**

## SECTION VII

### INFORMATION AND TRAINING

Having well informed and educated employees is extremely important when attempting to eliminate or minimize the employees' exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment.

The Office of EHS RMS is responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training and that such training is provided by a qualified individual.

#### A. TRAINING TOPICS

The topics covered in the University's training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself.
- The epidemiology and symptoms of bloodborne disease.
- The modes of transmission of bloodborne pathogens.
- The University's Exposure Control Plan (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - Engineering controls.
  - Work practice controls.
  - Personal protective equipment.
- Selection and use of personal protective equipment including:
  - Types available.
  - Proper use.
  - Location within the facility.
  - Removal.

- Handling.
  - Decontamination.
  - Disposal.
- Visual warnings of biohazards within the campus facilities including labels, signs and "color-coded" containers.
  - Information on the Hepatitis B Vaccine, including its:
    - Efficacy.
    - Safety.
    - Method of Administration.
    - Benefits of Vaccination.
    - The University's free vaccination program.
  - Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
  - The procedures to follow if an exposure incident occurs, including incident reporting.
  - Information on the post-exposure evaluation and follow-up, including medical consultation, that the University will provide.

**B. TRAINING METHODS**

The University's training presentations make use of several training techniques including, but not limited to, those checked below:

- \_\_\_\_\_ • Classroom type atmosphere with personal instruction.
- \_\_\_\_\_ • Videotape programs.
- \_\_\_\_\_ • Training manuals/employee handouts.
- \_\_\_\_\_ • Employee Review Sessions.

Because it is felt that employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

**C. RECORDKEEPING**

To facilitate the training of campus employees, as well as to document the training process, the University maintains training records containing the following information:

- Dates of all training sessions.
- Contents/summary of the training sessions.

- Names and qualifications of the instructors.
- Names and job titles of employees attending the training sessions.

The forms on the following pages and/or our computer systems are used to facilitate this recordkeeping.

These training records are available for examination and copying to our employees and their representatives, as well as OSHA and its representatives.

**BLOODBORNE PATHOGENS TRAINING SESSIONS**

**DATE OF SESSION:** \_\_\_\_\_ **SESSION SUMMARY (ATTACHED)** \_\_\_\_\_

**INSTRUCTOR(S)**

**QUALIFICATIONS**

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**ATTENDEE NAME**

**ATTENDEE JOB TITLE**

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