**HEALTH CENTER**

Heidelberg University 310 E. Market Street Tiffin, Ohio 44883

INITIATION DATE: 11-01-92 EFFECTIVE DATE: 11-06-98 REVISION DATE: 05-04-16 **SUBJECT: EXPOSURE CONTROL PLAN**

**PURPOSE:** To eliminate or minimize occupational exposure to blood or other potentially infectious materials. To provide personnel and students of Heidelberg University, compliance information concerning the OSHA Bloodborne Pathogens Standard.

**POLICY:** The Exposure Control will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

A copy of the Exposure Control Plan will be accessible to Heidelberg University athletic training students and Heidelberg University employees.

A list of job classifications will be compiled to determine which employees have a risk of occupational exposure.

**Occupational Exposure Definition** An occupational exposure is defined by the Occupational Safety and Health Administration (OSHA) as: reasonably anticipated skin, eye, mucous membrane, non- intact skin or parenteral contact with blood and other potentially infectious materials that may result from the performance of an employee's duties.

**PROCEDURE:**

**Categories** *Category I:* Tasks that involve routine exposure to blood, body fluids or tissues. All procedures or other job-related tasks that involve a potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes, are *Category I* tasks. The use of appropriate protective measures is required for every employee engaged in *Category I* tasks.

*Category II:* Tasks that involve no exposure to blood, body fluids or tissues, but employment may require performing unplanned *Category I* tasks. The normal work routine involves no exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures are readily available to every employee engaged in *Category II* tasks. *Category III:* Tasks that involve no exposure to blood, body fluids or tissues and *Category I* tasks are not a condition of employment. The normal work routine involves no exposure to blood, body fluids or tissue. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way.

\*Adapted from the Department of Labor/Department of Health and Human Services Joint Advisory Committee.

**Identification of Categories of Exposure Risk**

*Category I: Orientation and continuing education required yearly and as needed.*

Nurse Practitioners, Registered and Licensed Practical Nurses for Health Center Graduate Assistant for Health Center Athletic Training and Sports Medicine Staff Athletic Training Students

*Category II: Orientation and continuing education required yearly and as needed*.

Krammes Service Center Staff including Conference & Events Staff Residence Assistants/Coordinators, Student Teachers Athletic Department Staff and Coaches Saurwein Health & Wellness Center Staff Campus Security Director and & Staff *Category III: Orientation and continuing education required yearly and as needed.*

None Implementation Date

November 1, 1992

**Body Substance Isolation** Heidelberg University has adopted the use of Body Substance Isolation/standard precautions for the handling of blood and potentially infectious materials to reduce the risk of occupational exposure. The following human body fluids are included as potentially infectious materials: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, breast milk, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Body Substance Isolation and standard precautions provide a system of universal precautions for handling body substances from all persons. All body fluids are to be considered potentially infectious materials. All personnel will adhere to standard precautions at all times. All recommendations must be followed to determine which barriers are needed and each individual must maintain a standard for consistent use of barriers. These standards should be based on the individual's skills and interactions with the patient's body substances, non-intact skin, or parenteral contact with blood and mucous membranes.

1. Wear disposable gloves when it is likely that hands will be in contact with blood

or other potentially infectious material, mucous membranes, or non-intact skin and when handling contaminated items or surfaces. Hands must be washed upon the removal of disposable gloves.

2. Protect clothing with a disposable plastic gown when it is likely that clothing will be soiled with body substances.

3. Wear masks with eye protection when it is likely that eyes and/or mucous membranes will be splashed with body substances. Prescription glasses may be used as long as they are equipped with protective side shields.

4. Wash hands for a minimum of 10-15 seconds following the procedure on page

5. Hands are to be washed minimally at the following times: (a) after glove removal (b) after patient contact (c) after restroom use (d) before eating (e) after any contact/exposure to blood/body fluid.

Supplies needed for the Body Substance Isolation System:

disposable gloves sharps container cover gown eye protection (mask with eye shield)

Disposal of Infectious Waste:

All fluid-filled containers are to be emptied prior to disposal. Liquid waste will be flushed into the sewer system. Personal protective equipment (PPE) will be worn as necessary. Any articles or waste saturated with a body substance are viewed as infectious waste, and should be contained in a red bag for disposal. A contracted biohazard waste removal company, Accu Medical, Inc. (phone-1-800-457-9167), will conduct infectious waste disposal.

When a patient is suspected of or known to have a disease transmitted in whole or in part by the airborne route, the patient will be paced in a private room and the Health Center Nurse Practitioner will be notified. Persons caring for the patient will be required to wear a mask for airborne protection and further orders will be received from the Nurse Practitioner.

**Engineering Controls** *Needle and Sharp Disposal*

1. Sharps containers must be used for all needles, syringes, and other sharps. Sharps

containers must be disposable, non-breakable, puncture-resistant, leak proof, sealable, and labeled with the universal biohazard label. Containers must be disposed of when they are two-thirds to three-quarters full.

2. Only safety-lock syringes and safety lancets will be used in the Health Center.

Disposable safety lock syringes and needles, safety lancets, and other sharp items must be disposed of in an approved disposal container immediately after use. 2. Sharp containers are located in the Health Center medication administration areas where sharps are used (triage and examination rooms).

3. Needles must not be recapped, purposely bent, broken or otherwise manipulated by hand prior to disposal.

4. Health Center personnel are responsible for the timely disposal of the sharps containers. Sharps pickup is arranged and picked up by the biohazard waste disposal company by the Biology department.

**Regulated Waste** Regulated (infectious) waste is defined by OSHA as:

a. liquid or semi-liquid blood or other potentially infectious materials.

b. contaminated items that would release blood or other potentially infectious

materials in a liquid or semi-liquid state if compressed.

c. items that are caked with dried blood or other potentially infectious

materials and are capable of releasing these materials during handling.

d. contaminated sharps.

e. pathological and microbiological waste containing blood or other

potentially infectious materials.

Infectious waste will not be placed in a regular trash receptacle. Needles and sharps will be contained in disposable, rigid, puncture-resistant containers that are leakproof on the sides and bottom and are appropriately labeled.

1. Regulated (infectious) waste will be segregated from other waste by containment

in a plastic bag, which will be disposable and impervious to moisture. A red plastic bag will indicate that it holds infectious waste, or be conspicuously labeled with the international biohazard symbol. It is the responsibility of Health Center personnel to assure timely removal of the infectious waste receptacles for disposal. If the outside surface of the primary red bag is contaminated at the time of pick-up, the bag is placed inside a second red bag and closed. All infectious waste containers are closed prior to handling, transporting or shipping.

2. Only infectious waste will be disposed of in a red bag or needle disposal container

and will be labeled with the international biohazard symbol.

3. All spills of infectious waste will be cleaned up immediately using an approved

germicide per manufacturer's recommendations. Krammes Center personnel may be notified if additional assistance is needed. Health Center and/or Krammes Center will be contacted if there are questions about the proper cleaning techniques.

4. Any spill leading to and/or causing injury from handling infectious waste will be handled as an occupational injury with reports and treatment in the local emergency room (Tiffin Mercy Hospital).

5. Infectious waste will be transported from the area where it was generated, fully

contained in the collection container and travel by the most direct route to minimize exposure to students, Heidelberg University staff, ancillary staff and visitors. It will be segregated from other wastes at the point of generation. Infectious waste will be stored in closed containers in the waste removal area until it is transported by Krammes Center personnel to be stored for off-site incineration. It will be collected, transported and stored in accordance with applicable federal, state and local regulations. 6. Treatment or on-site disposal of infectious waste will be by one of the following methods:

a. incineration (solid infectious waste)

b. discharge into the sewer system

c. chemical disinfection

d. removal by Accu Medical, Inc.

**Safe Work Practices**

**Handwashing Instructions:**

1. Wet hands with warm running water.

2. Lather well with liquid soap.

3. Scrub for at least 10 seconds.

4. Direct hands downward into the sink, to keep contaminated water from running onto the forearm.

5. If necessary, clean under nails with orange stick or brush.

6. Rinse.

7. Dry hands with a paper towel.

8. Turn off faucet with a paper towel.

Handwashing facilities are readily accessible to employees.

Hands will be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment. Gloves should be disposed of and hands washed in the area of contamination before moving to another area. Hands will be washed prior to direct patient contact.

In case of an exposure, employees should wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of body areas with blood or other potentially infectious materials.

**Eating, Drinking, Applying Cosmetics** Eating or drinking is only permitted in designated areas separate from contaminated areas such as an employee lounge. The employee must remove any contaminated protective clothing before entering any clean areas. Applying cosmetics, lip balm or handling contact lenses in contaminated work areas is prohibited. Storage of food and drink is prohibited in refrigerators, counter-tops, freezers, shelves or cabinets where infectious materials are present.

**Labeling and Handling of Specimens** Specific labeling of specimens is not required if employees are trained to follow standard precautions when handling all specimens and the employee recognizes the container contains blood or body fluids. Labeling is required if specimens leave the facility. If the specimen container is stored, transported, shipped or packaged in a secondary container, labeling is required for the secondary container. All specimens transferred from Health Center to Mercy Hospital of Tiffin's laboratory, Pathology Laboratories, or other reference lab facility need to be placed in a biohazard bag. Labeling of a secondary container is required only if the primary container is not easily recognizable through the

secondary container. If the specimen could puncture the container, a secondary puncture- resistant container is required.

**Contaminated Medical Equipment** All medical equipment that has been contaminated with blood or OPIM will be decontaminated as necessary. If the equipment can not be decontaminated, it must be tagged with the biohazard symbol and information about the contamination communicated to service representatives.

**Personal Protective Equipment** 1. Personal protective clothing and equipment will be provided to all employees appropriate for the task performed. The equipment will be effective in preventing exposure to blood and other potentially infectious materials, will be readily accessible, conveniently located, available in proper sizes and provided free of charge. Inventory control of personal protective equipment will be the responsibility of the Director of the Health Center, Krammes Service Center staff, and the Athletic Training Program Director and will be checked and restocked on a regular basis.

2. Employees will be trained on proper selection, use and indication for protective

barriers. It will be the responsibility of each employee to obtain and use personal protective equipment. It will be the responsibility of the Directors of above listed areas to make sure that employees are using personal protective equipment according to the task performed.

3. Employees from the above mentioned departments are responsible for the

condition of personal protective barriers. Any personal protective barriers of the non-disposable type, which are damaged or need repaired, will be reported to the director. The directors of each specific department will be responsible for repair or replacement. 4. Reusable personal protective equipment must be cleaned with a disinfectant

solution by the employee following use (e.g. 1:10 bleach solution, Dispatch). 5. To minimize the need for emergency mouth-to-mouth resuscitation, ventilation

devices are available for use in areas in which the need for resuscitation is predictable. 6. Employee job duties with potential occupational exposure will be reviewed

periodically and as new positions are added to determine what protective clothing must be provided.

7. Employee job duties that may have potential for occupational exposure will be

reviewed by the each director to determine what protective clothing must be provided.

8. Surgical caps and shoe covers are required when gross contamination of the head

or feet can be reasonable anticipated.

9. If the employee's own clothing, including lab coats, becomes contaminated during

the course of work, the soiled clothing will be washed by a commercial laundry service, City Laundry (phone #1-419-422-7924).

10. In most cases, employees must remove protective clothing before leaving the

work area. The only exception would be if the protective clothing has not become contaminated and is needed to prevent possible contamination after leaving the

specific area.

11. Disposable gloves will not be washed/decontaminated and reused. If the gloves

are punctured, torn or otherwise damaged they will be discarded and replaced with new.

**Compliance Monitoring** Employees must comply with personal protective measures. It is the responsibility of the directors to monitor these practices. Non-compliance will be documented as an incident and the each director will be responsible for safety follow-up.

**Hepatitis B Vaccination** 1. Hepatitis B vaccine is available at no charge to employees of the designated areas included in this policy. The vaccine will be offered within 10 working days of initial assignment and to all employees who have occupational exposure unless:

a. the employee has previously received the complete Hepatitis B vaccine series.

b. antibody testing has revealed that the employee is immune.

c. or the vaccine is contraindicated for medical reasons.

2. A prescreening program will not be a prerequisite for receiving the Hepatitis B

vaccine.

3. The vaccine will be available at a later date, if the employee initially declines the

Hepatitis B vaccination and the employee is still covered under the standard.

4. All employees in *Category I and II* who decline the hepatitis B vaccine will sign the declination statement required by the OSHA Bloodborne Pathogens Standard and this refusal will be reviewed annually and will become part of the employee's health record. 5. If a booster dose of Hepatitis B vaccine is recommended, the injection is available

through the Stoner Health Center office and free of charge to employees included in this policy.

**Procedure for Evaluation of Exposure Incidents** Tiffin Mercy Hospital (Occupational Medicine) will provide follow-up for all employees who have had an exposure incident. An exposure is defined as "a specific eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material."

**Post-Exposure Follow Up**

1. A report will be completed describing the exposure incident.

a. This documentation will include the route of the exposure and the circumstances for which the incident occurred.

2. A medical evaluation will be immediately available to the exposed employee at Mercy Hospital of Tiffin. All evaluations will be held in strict confidence.

3. The evaluation will include follow-up on the source person, if known.

4. The source individual's blood will be tested as soon as possible after consent is obtained to determine the presence of HBV antigen/antibody and/or HIV antibody. If the source individual refuses consent for testing, testing will be completed upon receipt of a court order.

5. Results of the source individual's testing will be made available to the exposed employee through Tiffin Mercy Hospital and will be handled confidentially according to the laws pertaining to disclosing the identity and infectious status of the source individual.

6. The exposed employee's blood will be collected after consent is obtained and as soon as possible.

7. If the employee consents to baseline blood collection, but does not consent

to HIV testing, the blood sample will be preserved in the Mercy Hospital of Tiffin laboratory for at least 90 days after the exposure incident. If during the 90 days the employee desires HIV testing, the baseline testing will be done on the previously drawn specimen of blood.

**Post-Exposure Prophylaxis**

Post-Exposure prophylaxis, when medically indicated will consist of the following:

1. Counseling

2. Evaluation of reported illnesses related to the exposure incident.

3. The healthcare professional responsible for the evaluation of the exposure will be given/shown:

a. a copy of the Exposure Control Plan and a copy of the Bloodborne Pathogen standard from the Federal Register.

b. a description of the exposed employee's duties as they relate to the exposure incident.

c. documentation of the route of the exposure and the circumstances

under which the exposure occurred.

d. results of the source individual's blood testing, if available.

e. all medical records relevant to the appropriate treatment of the

employee including vaccination status.

**Healthcare Professional's Written Opinion**

Mercy Hospital of Tiffin will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

This written opinion will include:

a. whether Hepatitis B vaccination is indicated for the employee, and

the employee has received this vaccination.

b. that the employee has been informed of the results of the evaluation.

c. that the employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment. Any other findings or diagnoses will not be included in the written report.

**Record Keeping** Medical records for an employee with an occupational exposure will include:

a. the name and social security number of the employee.

b. a copy of the employee's Hepatitis B vaccination status including the dates

of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

c. a copy of the results of examinations, medical testing and follow-up

procedures.

d. a copy of the healthcare professional's written opinion.

e. a copy of the information provided to the healthcare professional.

f. documentation of bloodborne pathogen injuries that results in medical

treatment or seroconversion for the OSHA 200 Log.

**Confidentiality** The employee's medical record will be kept confidential and will not be reported without the employee's written consent, to any person within or outside Mercy Hospital or the Health Center except as may be required by law. The medical record will be maintained for at least the duration of employment plus 30 years. Employee medical records are kept in the medical record department of Mercy Hospital and/or Health Center office in a locked and secured area.

**Employee Training** The initial training was given or will be given by personnel from the Health Center to employees of Krammes Service Center, Heidelberg University Health Center, Athletic Training Students, Saurwein Health & Wellness Center, additional Category 1 & 2 personnel and the Athletic Training Department staff of Heidelberg University. New employee and re-training will be completed annually by Health Center personnel. Heidelberg University coaches will be trained per athletic department protocol.

The training is divided into three sections.

1. A regulatory text and explanation of its contents will be provided through the

Health Center. The Health Center's Exposure Control Plan will be explained and its location will be reviewed. The opportunity for interactive questions will be provided.

The Assistant Director of Heidelberg Health & Counseling Services will be responsible for maintaining all training records in the Health Center office.

2. The training will include an explanation of the epidemiology and symptoms of bloodborne diseases, and will give an explanation of the modes of transmission of bloodborne pathogens. Methods for recognizing tasks and other activities that may involve exposure to blood and other infectious materials will be explained. Basis for selection of personal protective equipment will be discussed.

3. Managers or their designees will give an explanation of the use and limitation of

methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment in their specific work environments as necessary.

4. Information pertaining to the availability of the Hepatitis B vaccine, including its efficacy, safety, availability, method of administration and the benefits of

vaccination will be explained. Follow-up procedures will be reviewed pertaining to the reporting mechanism for an exposure incident and steps involved for medical intervention.

5. New employees will be provided training upon employment. Review is provided annually by means of re-training sessions, which are held at no cost to the employee at a convenient location on the campus of Heidelberg University, and scheduled and presented by Heidelberg Health Center personnel.

6. Written training records will be kept for three years. These records will include

the dates of the training sessions, the contents or summary of the training, the names and qualifications of the persons conducting the training sessions, and the names and job titles of all persons attending the training sessions.

**APPROVAL:**

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Janelle Baldosser, CNP Date Director of Health & Counseling Services

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Health Center Medical Director Date

***HEIDELBERG***

***UNIVERSITY* EXPOSURE CONTROL PLAN FOR BLOODBORNED**

**PATHOGENS**