

BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN

A. Introduction:

1. It is the goal of the University of New England to provide a safe and healthful environment for all faculty, staff, students, and visitors, by eliminating and/ or minimizing occupational exposure to blood-borne pathogens (BBP).
2. The guidelines set forth in this chapter serve as a basis for preventing the exposure to infectious materials. Adherence to these guidelines, common sense and the use of universal precautions will greatly reduce the potential for exposure and assure the safest environment possible.
3. All departments are encouraged to develop and utilize specific exposure control plans as long as the requirements of this chapter are met. The UNE Exposure Control Plan will be available to all employees via the UNE Shared Drive on the network

B. Responsibilities:

1. Environmental Health and Safety:
 - a. Ensure all employees are properly trained on the Blood Borne Pathogens program.
 - b. Conduct inspections to guarantee compliance with the BBP Program.
 - c. Revise the program annually or as needed.
2. Management/Department Heads/Lab Supervisors
 - a. Make certain all employees have been trained on the BBP Program.
 - b. Ensure all lab workers/medical staff/researchers adhere to the policies and procedures in the BBP program.
 - c. Suggest improvements and changes to the BBP Program to EHS as issues arise.
 - d. Report any BBP exposure incidents to EHS and Human Resources as soon as they occur so follow up can take place and proper reporting can be filed.
 - e. Ensure all reporting is filled out in the event of an exposure incident in a timely fashion.
3. Lab Workers/Medical Staff/Researchers/UNE Employees
 - a. Attend all training sessions for the BBP Program as required.
 - b. Report all exposure incidents as soon as they occur and file all necessary reports.
 - c. Suggest improvements to the BBP Program to your Department Head/Supervisor.

d. Follow all policies, practices and procedures set forth in the BBP Program.

C. Policies, Practices, and Procedures:

1. Universal Precautions:

a. Universal precautions are prudent practices that apply to the prevention of infectious disease transmission. These precautions, based on the recommendations from the Centers of Disease Control and Prevention, must be used routinely on all persons and contaminated items. Under normal circumstances, however, contact with sweat and tears does not require gloves or other personal protective equipment. These precautions must be used whenever differentiation of body fluids is difficult. At a minimum, the following universal precautions will be taken when dealing with blood and Other Potentially Infectious Materials (OPIM). Each department is encouraged to develop their own specific universal precautions to address departmental needs:

b. Assume that all blood and bodily fluids are infectious for HBV, HIV, and other blood-borne pathogens.

c. Wear appropriate PPE when handling potentially infectious waste (i.e. gloves, aprons, eye wear etc.) based upon the task being performed.

d. Hand washing:

i. Hand washing is the single *most important* means of preventing the spread of infection. It is also an important measure to decrease occupational exposure to blood-borne pathogens.

ii. Use warm running water.

ii. Use mild liquid soap.

iii. Friction is the most important part of the hand washing procedure.

iv. Careful washing between fingers is essential.

v. Hands are thoroughly rinsed while they are held downward.

vi. Dry thoroughly with a single use towel or hot air drying machines.

vii. Turn water faucet off with paper towel. (This prevents re-contamination of the hands.)

viii. Hands should be washed:

- After touching any patient secretions, or any potentially infectious material.
- Before leaving any isolation room.
- Before performing invasive procedures.

- Before touching any immune-suppressed patient.
 - After performing personal bodily functions.
- e. When provision of hand washing facilities is not feasible, UNE shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- i. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- f. Sharps disposal: Used sharp items (needles, scalpel blades, glass pipettes, and other sharp instruments) should be considered as potentially infectious and be handled with extraordinary care to prevent accidental injuries.
- i. Disposable syringes and needles, scalpel blades, glass pipettes, and other sharp items will be placed in puncture-resistant containers designated specifically for this purpose.
 - ii. These containers must be located as close as practical to the area where the sharps are used. Under normal circumstances, needles will not be recapped, purposefully bent, or removed from disposable syringes, or otherwise manipulated by hand.
 - iii. Shearing or breaking of contaminated needles is prohibited. If recapping or removal of used needles must be done and no alternative is feasible or such action is required by specific medical procedure, a single-handed method must be used.

2. Engineering and Work Practice Controls:

- a. Work Practice Controls are procedures that change the way tasks are performed in the work-place to reduce the chance of exposure to blood or other potentially contaminated materials. These include procedures for processing and handling blood and blood products, waste disposal, and personal hygiene.
- b. Labeling/Container Handling: Materials which contain blood or other potentially infectious materials (OPIM) will be placed in a container that conforms to and is handled in accordance with the following requirements:
- i. Prevents leakage during the collection, handling, processing, storage, and transport of the specimens.
 - ii. Red in color and labeled with the international biohazard symbol.
 - iii. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.
 - iv. If outside contamination of the primary container occurs, the primary container will be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

- v. Any refrigerator or freezer used to store blood or OPIM will be affixed with appropriate label and marked "No Food or Drink".
 - vi. Empty food containers will not be used to store blood or OPIM.
 - vii. Individual containers of blood or OPIM that are placed in a labeled container during transport, storage, shipment, or disposal are exempt from the above labeling requirements.
- c. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. UNE considers all needles, scalpels, and other medical utensils to be biohazards, regardless of use, and will be disposed of as regulated waste.
- i. Disposable syringes and needles, scalpel blades, glass pipettes, and other sharp items will be placed in puncture-resistant containers designated specifically for this purpose.
 - ii. These containers must be located as close as practical to the area where the sharps are used. Under normal circumstances, needles will not be recapped, purposefully bent, or removed from disposable syringes, or otherwise manipulated by hand.
 - iii. Shearing or breaking of contaminated needles is prohibited. If recapping or removal of used needles must be done and no alternative is feasible or such action is required by specific medical procedure, a single-handed method must be used.
- d. Eating, drinking, smoking, applying cosmetics, lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
- i. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on counter tops or bench tops where patient care items¹, blood-borne or other potentially infectious materials are present.
- e. All procedures involving blood or other potential infectious materials shall be performed in such a manner as to minimize splashing. Employees shall be trained in these techniques during the on-the-job orientation period.
- i. To minimize aerosols produced by removing the stoppers from a tube of blood, cover the stopper first with gauze or tissue to minimize the risk.
- f. If a requisition form becomes contaminated with blood, serum, urine or other secretions, this can serve as a source of infection. If a form is grossly contaminated, another shall be prepared and the soiled paper discarded appropriately.
- g. Many commercial control sera may contain hepatitis antigen. These sera should be considered a source of possible hepatitis and treated with the same degree of caution as a patient's specimen.

¹¹ Patient care items include medications, stethoscopes and lab specimens.

h. All specimens shall be covered, capped, corked or plugged, except while being collected or are in the process of separation, pouring or analysis.

i. Pipetting of specimens and control sera shall be done using a rubber bulb or other safety device (not a mouth piece).

j. Tubes to be centrifuged should be covered. Centrifuges shall be decontaminated as needed; bench tops (countertops) are decontaminated daily or as needed.

k. Specimens sent to an outside laboratory shall be sealed and bagged for transportation and labeled as per instructions given by the laboratory.

l. Sharps must be maintained upright throughout use.

m. The use of Safer Medical Devices, which provide protection from needle stick injuries shall be evaluated and utilized according to the following protocol:

i. The staff who use medical devices (syringes) shall make the final selection from among the various devices on the market,

ii. The Sharps-Safety and Needle stick-Prevention Device (NPD) Evaluation Forms will be used to document the decision making process,

iii. The NPD evaluation forms will be submitted to the Environmental Health and Safety Coordinator on an annual basis.

n. Lab Specimens:

i. All lab specimens must be contained in leak proof containers. The outside of the primary container will be clean and dry.

ii. Individual / single specimens will be placed in a secondary container or leak proof bag for transport.

iii. All specimens must be clearly labeled with the appropriate patient information.

iv. All specimens will be handled as if potentially infectious therefore special labeling of known high risk specimens is not necessary.

3. Exposure Determination: UNE has performed an exposure determination for employees (including work study students) who may incur occupational exposure to BBP or other potentially infectious materials. The tasks performed by persons employed in these positions which potentially expose them to blood or other potentially infectious material (OPIM) are listed after each job. These determinations were made without regard to the use of personal protective equipment (PPE):

a. Health Center Physicians, Physicians Assistants, Nurses, Registered Nurse Practitioners, and Medical Assistants:

i. Giving injections

ii. Blood drawing

- iii. Genealogical exams
 - iv. Treating cuts and abrasions
 - v. Throat cultures
 - vi. Urinalysis
 - vii. Ear and eye examinations
- b. Nursing Faculty:
- i. Giving and supervising/instructing the giving of injections
 - ii. Handling of blood specimens or other potentially infectious material
 - iii. Handling contaminated laundry
- c. Dental Hygiene Clinical Faculty:
- i. Teaching and demonstrating dental hygiene techniques
 - ii. Assessing student performance in a clinical environment
- d. Dental Hygiene Staff Working in Clinic:
- i. Handling of waste material in a clinical environment
 - ii. Handling of documents used in a clinical environment
- e. Medical School, Science, Medical Technology Faculty as Applicable:
- i. Blood sampling
 - ii. Handling of blood, serum, and OPIM
 - iii. Working with cadavers in the Anatomy Lab.
- f. Athletic Trainers:
- i. Injury care and first aid
 - ii. Treating cuts and abrasions.
 - Sore drainage
 - Removal of stitches
 - iii. Diabetic testing (blood glucose)
 - iv. Handling contaminated material
 - Removal of blood on indoor courts

- Handling vomit on athletic indoor courts
- g. Housekeepers/Custodians:
- i. Handling biomedical waste.
 - ii. Clean up spills of potentially infectious material
- h. Plumbers: Work on the systems (sewer lines) that contain potentially infectious material.
- i. Campus Center Managers, Life Guards, Resident Life Staff, Safety Personnel, Fitness Center Staff, Security Personnel, UNE EMS:
- i. First responder in emergency situations.
 - First Aid
 - CPR
 - ii. Vomit, blood, urine clean-up and/or cordoning off of contaminated areas.
4. Personal Protective Equipment (PPE): The use of PPE may decrease occupational risk to blood-borne pathogens. PPE is provided to employees at no cost and must be accessible in all areas where occupational exposure is possible. All employees shall be trained in the use of PPE at the time of employment.
- a. PPE will be provided to employees by individual departments.
 - b. Repairs and replacements will be made by the department at no cost to employees.
 - c. PPE or garments will be cleaned, laundered, and disposed of through procedures established by this chapter at no cost to employees.
 - d. PPE or garments which are contaminated by blood will be removed immediately or as soon as feasible.
 - e. PPE will be removed prior to leaving the work area.
 - f. Gloves will be worn where it is reasonably anticipated that employees could have had contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes, and will be available where thought appropriate by the supervisor or EHS.
 - g. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - h. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

i. Some rare and extraordinary situations may warrant personnel briefly declining the use of PPE, when in their judgment the use of PPE would prevent the delivery of health care or pose a threat to themselves. These circumstances would be expected to be life threatening. In general, appropriate personal protective equipment is expected to be used whenever occupational exposure is expected.

j. Listed below are the minimum requirements recommended during controlled situations to protect the health care worker from potentially infectious agents. This list is not all-inclusive. Judgment is required on the part of the health care worker to assess the need for additional barrier protection in less-controlled situations.

i. Other barriers may be required to protect the patient/employee during certain procedures. If an employee has an open cut or abrasion on their hands, the employee is responsible for protecting it by covering it with a bandage as well as the use of gloves.

ii. Sterile technique is to be used during sterile procedures.

iii. Precautions with broken glass should be taken.

iv. Gloves, dustpan and broom, tongs or forceps should be used to isolate or reduce the hazard to exposure to OPIM or the creation of a situation where the employee injures themselves.

The following chart represents situations by body system and barrier and containment techniques designed to reduce exposure. These examples are not inclusive of all possible exposures.

Legend:

X = Routinely

* = If Splattering is Likely

S = If Soiling is Likely

Liquid proof gown should be worn instead of lab coat if ++

PROCEDURE	HAND WASHING	GLOVES	GOWN	MASK	EYE PROTECTION
Housekeeping/kitchen					
Changing visibly soiled beds	X	X	S		
Clean-up of:					
Chemical spills	X	X	S or ++	*	*
Spills of blood/body substances	X	X	S or ++		*
Surfaces contaminated by blood/body substances	X	X	S		*
Dishwashing/tray service	X				
Emptying wastebaskets	X	X			
Food preparation	X				
Laundry and bed stripping	X	X	X		
Laboratory					
Hemocult	X	X	X		
Lab send-out prep (bagging, etc)	X	X			
Reprocessing contaminated devices/sterilizations	X	X	X		*
Specimen separation, O & P fixation	X	X	X		X

Strep A, HCG test, Chlamydia test, Mono test, Hct, ESR, KOA/Wet Mono test, Hct, ESR, KOA/Wet prep, Nickerson Biggy culture	X	X	X		*
UA, UA-mico, UA-culture	X	X	X		
Venous or capillary punctures	X	X	X		
Medical/Nursing Procedures					
Bathing/helping with shower	X			*	
Bleeding, pressure application to control	X	X	S	*	*
Breathing treatment	X	S			
Combing/inspecting hair for nits or lice	X	X	X		
CPR		X	X		
Dressing change for wounds with little or no drainage	X	S			
Emptying drainage receptacles, including urine receptacles					
Bed pans, emesis basins	X	X	S	*	*
Enema	X	X	S		
Fecal impaction, removal of	X	X			
Intravenous termination	X	X	*		*
Irrigation – wound	X	X	S	*	*
Medication administration:					
Eye, ear and nose drops	X				
IM/SC/ID	X	S			
Oral, nurse administered:					
Handed to patient	X				
Placed in patient's mouth by nurse	X	X			
Rectal/suppository	X	X			
Topical medication to intact skin	X				
Topical medication to lesion	X	X			
Pap		X	X		
Sutures					
Placing sutures	X	X	X	*	*
Removing sutures	X	X	X		
Surgical procedures, minor					
Toe nail removal	X	X	X		
Mole excision	X	X	X		
I & D	X	X	X		*
Skin scrapings	X	X	X		
Vital signs	X				
Wart removal					
Liquid Nitrogen	X	X	X		*
TriChloroAcetic Acid	X	X	X		*
Wound packing	X	X	X		

5. Communication of Hazards to Employees: Biohazard labels and signs are used by the University of New England to communicate hazards to employees.

a. The biohazard label or sign includes the universal biohazard symbol and the word "BIOHAZARD" clearly marked. They are either an integral part of the container or located as close to the hazard as possible.

b. LABELS shall be affixed to:

i. Containers of regulated waste.

ii. Refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious material except for:

- Red/orange bags or red containers.
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion.
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal.
- Regulated waste that has been decontaminated.
- Laundry bags

iii. Labels required for contaminated equipment shall state which portions of the equipment remain contaminated.

iv. Signs shall be posted at the entrance of work areas where the potential exists for biohazard exposure.

v. Signs shall be official biohazard signs with letters and symbols clearly marked.

6. Sterilization, Disinfection, and Waste Disposal:

a. Sterilization and Disinfection:

i. Instruments, equipment, and supplies used in any procedure or process involving potentially infectious materials should be sterilized in an autoclave as much as possible.

ii. Wherever possible, disposable items should be used so as to avoid the use of chemical sterilization.

iii. Surfaces subject to contamination will be wrapped where practical and disinfected before and after each procedure using hospital or industrial strength germicide.

b. Waste Handling:

i. Regulated waste is defined as any waste capable of transmitting blood-borne pathogens. The following wastes are determined to be regulated wastes:

- Liquid or semi-liquid blood or other potentially infectious material (OPIM):
- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-Containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

ii. Items contaminated with blood or other potentially infectious materials and which would release these substances in a liquid or semi-liquid state if compressed.

iii. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.

iv. Contaminated sharps.

v. Pathological and microbiological wastes containing blood or other infectious material.

vi. All regulated waste shall be bagged, by the generator, in sealed red bags.

vii. Vomit, urine, and nasal secretions are not considered Bio-Hazardous Waste unless visibly contaminated with blood.

viii. Regulated waste shall be handled using protective equipment.

ix. All regulated waste must be segregated from regular trash and deposited into a designated container labeled "regulated waste" and affixed with the international biohazard symbol.

x. Regulated waste containers must be lined with a polyethylene bag at least of 3ml thickness.

xi. Regulated waste containers will be closed when not in use.

xii. Sharps must be segregated from other wastes and disposed of in leak-proof, rigid, puncture-resistant, shatterproof containers and then disposed of in a designated regulated waste container.

xiii. Any container used to transport this waste shall be marked with the biohazard symbol. These containers shall be closable and leak proof on the sides and bottom as well as puncture resistant.

xiv. A secondary container must be used in situations where the outside of the first container becomes contaminated.

c. Transportation: Prior to transport of regulated waste to a storage area, the following steps must be taken:

i. Double bag all wastes.

ii. Verify that warning labels are visible.

iii. Inspect bags for leakage (re-bag if needed).

iv. Place all waste into a "Regulated Waste" box.

v. Tape the box closed securely.

vi. Call Facilities Management or place a Facilities work order to arrange for transportation to the storage area. Provide the following information:

- Your name and extension.
- Location of the waste.
- Amount of waste.

vii. Any waste packaged or labeled as a regulated waste must be disposed of by EHS at a licensed disposal facility.

viii. Employees are not permitted to take their protective equipment home and launder it. It is the responsibility of UNE to provide, repair, replace and dispose of personal protective equipment.

vix. Any faculty or staff personal clothing which has been contaminated by potentially infectious material must be removed immediately and controlled as a biohazard

7. Blood Spills:

a. Blood spills are of extreme concern for transmission of blood-borne pathogens. The following procedure must be followed by all employees who remove or disinfect a blood or bodily fluid spill:

b. Gloves must be worn for the cleaning of any body fluid spills. Vinyl aprons must be worn for a large spill.

c. For small body fluid spills in rooms, corridors, etc., visible material should be removed and the area disinfected with a university approved disinfectant.

d. For large body fluid spills in non-patient care areas, the contaminated area should be completely covered with paper towels and flooded with a university approved disinfectant.

i. Allow contact time (minimum of ten minutes).

ii. Remove soiled paper towels and dispose of in a red bag.

iii. Wet mop area with a clean solution.

iv. Large body fluid spills in patient care areas:

- Spills should be wiped up as soon as possible with paper towels, and the towels discarded in a red bag.
- Final clean-up of the area should include disinfections of the contaminated surfaces using a university approved disinfectant providing for a contact time of at least 10 minutes to complete the disinfections process.

e. For body fluids containing glass:

i. Glass is removed by sweeping with a brush and dust pan, tongs or forceps.

ii. Body fluid is then removed following proper procedure as stated in the policy above.

iii. Equipment used to clean a body fluid is then disinfected using a university approved disinfectant.

iv. All glass needs to be disposed of in a sharps container or broken glass disposal box in a manner to prevent exposure to another employee.

f. Dispose of protective equipment. Wash hands.

g. Decontamination of Work Surfaces:

i. To prevent exposure of the employee to blood or other potentially infectious material remaining on a work surface from a previous procedure, all potentially contaminated work surfaces must be decontaminated (disinfected with a university approved disinfectant) after completion of each procedure, when they are overly contaminated during a procedure, and at the end of the work shift.

ii. When procedures are performed continually throughout a shift, the work area should be decontaminated after each set of tasks is completed.

iii. The work area should be decontaminated if an employee leaves the area so that it does not present a source of contamination to other workers.

iv. Work surfaces in patient care areas do not need to be cleaned after each procedure unless that procedure results in contamination of the area.

h. Equipment:

i. All equipment shall be decontaminated immediately if contamination has occurred and before being sent for repairs or service.

- ii. Employees who perform this function shall be trained in the methods appropriate to the procedure.
- i. Trash receptacles:
 - i. All reusable receptacles used for regulated waste shall be decontaminated weekly and immediately following any gross contamination.
 - ii. The containers shall be visibly inspected at the time of emptying and decontaminated if soiled. A university-approved germicide shall be used for this procedure.
 - iii. Any employee who performs this function shall use protective equipment designed to prevent exposure.
 - iv. This procedure includes all receptacles used to hold contaminated items even when a plastic liner is used.

8. Hepatitis B Vaccination:

- a. All faculty and staff who have been identified as having potential occupational exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccination, at no cost to the employee.
- b. All those effected must fill out an HBV vaccination consent/declination form.
- c. UNE does not offer the vaccine to new employees who have previously received the vaccine series.
- d. Those employees who decline the HBV (by signing the declination section of the vaccination consent/declination form) vaccine but wish to receive the vaccination at a later date will be allowed to at no cost.
- e. Any recommended boosters by the US Department of Health and Human Services will also be available.
- f. The vaccination will be offered during work hours and administered by, or under the supervision of a licensed physician at an offsite healthcare facility designated by Human Resources.
- g. All employees who are eligible for the vaccine are trained on the provisions of this standard and are offered the vaccine within ten (10) days of employment.
- h. Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

9. Exposure Incidents:

- a. An exposure incident is defined as "specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties."

b. In the event that an exposure incident occurs, the employee is to immediately wash the affected area thoroughly with soap and water or saline.

c. The employee should get immediate medical attention, if necessary, and will report the incident to their program director, supervisor, or department head. If after reviewing the circumstances surrounding the potential exposure, this person determines that an exposure to blood or OPIM has occurred then they will:

i. Notify EHS and Human Resources

ii. Conduct a post exposure investigation and document the results on an Accident Incident Investigation Report (See Appendix G).

- Once completed, send this form to EHS.
- If the exposure pertains to a student, then a copy will also be sent to the Dean of Students.

iii. Approach the source individual in a confidential manner and begin pretest counseling procedures in order to attempt to get consent to test the source individual's blood for HIV and HBV antibody/antigen.

iv. Consent to test form must be signed by the source individual indicating whether or not consent is granted to test their blood for HIV/HBV antibody/antigens.

d. In the event of an occupational exposure, a confidential medical exam will be made available to the employee.

i. The medical evaluation will consist of HIV/HBV testing in the manner recommended by the Center of Disease Control (CDC) as soon as possible after the incident and the opportunity for retesting as recommended by the CDC.

ii. If the employee initially declines testing they may elect to have a baseline studies drawn and saved for up to 90 days. At any point during this time period, they may elect to have the tests performed on the saved blood.

iii. All exposed persons and source individuals are to be directed to an offsite occupational health facility designated by the Human Resources department for laboratory testing.

iv. A copy of the OSHA Blood-borne Pathogens Standard and a completed Accident Investigation Report form will be sent to the appropriate facility.

v. Within 15 days from the date of examination the attending physician will submit their written opinion of the examination. The post-exposure evaluation and follow up will include at a minimum, the following information:

vi. The results of the examination, in regard to the exposure incident only.

viii. Any medical conditions resulting from the exposure incident which requires further evaluation or treatment.

vix. Explanation of treatment or evaluations recommended.

e. Follow up of the exposed worker will include counseling, medical evaluation of febrile illness that occurs up to 12 weeks post exposure, and the use of safe and effective post exposure measures according to standard medical practice.

i. Post exposure counseling will be performed by the same person who performed the pre-test counseling.

ii. The post exposure counseling will be documented and filled with other information relevant to the incident (See Appendix H).

iii. In order to perform appropriate follow up, the health care professional responsible for the follow up shall be provided with the following information:

- A copy of the standard.
- A description of the employee's duties as they relate to the incident.
- Documentation of the route of exposure and circumstance under which the exposure occurred.
- Results of source individuals blood testing, if available.
- Medical records relevant to the treatment of the employee, including vaccination status.

iv. A professional medical opinion will be provided to the employee within 15 days of the follow-up evaluation.

v. Educational or equipment changes are in order to further safeguard all employees from the future incidents of exposure.

D. Training:

1. Specific information and training about occupational hazards and required protective measures will be provided to all employees with occupational exposure.

2. All current employees with occupational exposure have been provided with this training.

3. New employees with potential occupational exposure will receive training at the time of initial employment. These employees shall be trained prior to being placed in positions where occupational exposure may occur.

4. Training is required on an annual basis.

5. Provision will be made to provide training by a qualified trainer whenever a change in an employee's responsibilities, procedures, or work situation is such that an occupational exposure risk is affected.

6. Training will be provided by an individual(s) who is knowledgeable in the subject matter, at no cost to the employee, during work hours, and at a location reasonably accessible to the employee.

7. The training will be appropriate in content, language, and vocabulary to the educational, literacy, and language background of the employee.

8. The training will include:

a. An accessible copy of the regulatory text of the standard.

b. A general explanation of the epidemiology and symptoms of the blood-borne pathogens.

c. An explanation of the modes of transmission of blood-borne pathogens.

d. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.

e. An explanation of the appropriate methods of recognizing risks and other activities that may involve exposure to blood and other potentially infectious materials.

f. An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering control, work practices, and personal protective equipment.

g. Information of the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

h. An explanation of the basis for selection of personal protective equipment

i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge

j. Information on the appropriate action to take and the person to contact in an emergency involving blood or other potentially infectious materials

k. 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.

l. Information on the post exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.

m. An explanation of the signs and labels and/or color-coding used to identify hazards.

n. An opportunity for interactive questions and answers with the person conducting the training

o. Information regarding the Sharps Injury Log

B. Record Keeping:

1. Medical records of employees covered under this chapter are confidential and will be maintained at the designated occupational health facility in collaboration with the Human Resources Department for at least the duration of the employment plus thirty years.

a. These records will not be disclosed to anyone without the employee's written consent, unless required by OSHA regulations or state law.

2. Training records will be kept in the Department of Human Resources for a minimum of three years from the date on which the training occurred. Training records shall include the following information;

a. The dates of the training sessions;

b. The contents and the summary of the training sessions;

c. The names and qualifications of persons conducting the training; and

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

3. Exposure Incident Investigation Reports will be kept in the Environmental Health and Safety Office for a minimum of three years.

4. Sharps Injury Log: UNE requires that the OSHA 300 Log be maintained for the record keeping of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall maintain at a minimum:

a. The type and brand of the device involved in the incident,

b. The department or work area where the exposure incident occurred, and

c. An explanation of how the incident occurred.

d. The Sharps Injury Log shall be forwarded to the Department of Human Resources on an annual basis and when requested.

e. Annual documentation must be maintained regarding the consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. This documentation will be forwarded to the Environmental Health and Safety Department annually and upon request.

C. Review:

1. This chapter will be reviewed for accuracy at least annually.

2. Input is solicited for the annual review from employees responsible for patient care through representatives on the University Wide Safety Committee or by notifying the Human Resources Department or EHS.