Safety & Risk Management Policies and Procedures

Title: Blood Borne Pathogens Policy
Date: Rev. Jan 2019

Rationale: Southwestern University is committed to providing a safe and healthful work environment. OSHA's Blood Borne Pathogens standard (29 CFR 1910.1030) also requires Southwestern University to have a written Exposure Control Plan (ECP) because we have selected employees, work-study students and selected students involved in research who *may have the potential to be at risk* of occupational exposure to blood or other potentially infectious materials. Approximately 122 members in our BBP program.

Goals: The purpose of this BBP Policy and specific exposure control plan is to protect employees and students from the risk of exposure to potentially infectious diseases.

Policy: All employees, work-study students and students who are affected by this plan must comply with the procedures and work practices as outlined here and as instructed on a departmental specific basis. *Department Directors, Chairs, Supervisors are responsible to provide annual hands-on instruction to their staff for specific safe handling procedures. In addition, annual classroom or on-line training is required. Department Directors, Chairs, Supervisors are responsible to provide or arrange training.* Training will be provided each fall semester either by the Safety and Risk Management Office (*upon request from department*) or provided by the affected Department Heads.

Procedure: The Blood Borne Pathogen Policy and Procedure document provides important information regarding:

- How to reduce the potential hazard of exposure to blood borne pathogens
- Responsibilities
- Methods of implementation and control of work practices and controls
- Training
- Medical recommendations

Table of Contents

Terms Used in the Plan

Occupational Exposure means *reasonably* anticipated skin, eye, mucous membrane, or parenteral contact with another person's blood or other potentially infectious materials that may result from the *performance* of an employee's job duties.

The potential hazard of exposure to blood borne pathogens can be eliminated or significantly reduced by implementing the following components of our exposure control plan:

Universal Precautions: no contact = no exposure	Hepatitis B Vaccination
Engineering Controls	Medical Evaluation & Treatment
Work Practice Controls	Employee Training & Information
Personal Protective Equipment	Recordkeeping
Housekeeping & Laundry Procedures	Bio-hazard Labeling & Waste Disposal

A copy of the OSHA blood borne pathogen standard as well as health information is available at: http://www.osha.gov/SLTC/bloodbornepathogens/index.html

Administrative Duties

- The Safety and Risk Management Office will perform general oversight of the policy, make revisions and provide consultations with affected departments.
- The plan components related to reviews of engineering controls, safe work practices, and disposal procedures will be reviewed by the Director of Safety & Risk Management, University Nurse Practitioner, and the Campus Safety Committee. Refer to the engineering control guidelines for assistance. See Appendix B.
- Implementation of the plan components as well as site-specific instruction (procedures) for all affected employees/students will be the ***responsibility*** of the affected department heads or assigned supervisors:
    1. Athletic Director, Chair of Kinesiology, Director of SIRA.
    2. Facilities Management: Manager of Maintenance & Custodial
    3. Campus Police: Chief of Police
    4. Health Services: Nurse Practitioner
- The above listed departments/individuals will also be responsible to provide and maintain all necessary personal protective equipment, sharps containers, bio-hazard or red disposal bags, BBP clean-up kits and provide or arrange annual training for affected employees or students designated in the BBP Program. Contact the Director of Safety & Risk Management to schedule annual training for your affected staff. Training can be assigned via SafeColleges LMS (on-line). NOTE: Annual reviews and recordkeeping using Appendix E & F is the responsibility of the affected departments.

Employee Exposure Determination

Job Class/Title	Employees	All/Some	Department	Areas Involved	Activities with Exposure	Frequency	Risk
Athletic Trainer	4	All	Athletics	Robertson Center	sharps, first aid - injury	daily	M
Equipment Manager	1	All	Athletics	CJR - Laundry Rm	laundry operations, blood clean-up	weekly	M
Swim Coaches	2	All	Athletics	Robertson Pool – 3rd Party Pools	First-aid – injury	Weekly	M
Lifeguards - Students	15	All	Athletics	Pool	first-aid - injury	daily	L
Kinesiology Professors & Select Students	2 +	All	Kinesiology	FJS Laboratory	blood analysis, tissue biopsy	occasionally	M
SIRA Student/Staff	14	All	SIRA	Robertson, Athletic Fields	first-aid - injury	daily	L
Sport Club Officers	10	All	SIRA	Robertson, Athletic Fields	first-aid injury	daily	L
Sport Club Coaches	4	All	SIRA	Robertson, Athletic Fields	first-aid injury	daily	L
Fitness Instructors	10 - 12	All	SIRA	Robertson	first-aid injury	daily	L
SIRA Director	1	All	SIRA	Robertson, Athletic Fields	first-aid injury	occasionally	L
Housekeepers & Supervisors	32	All	Physical Plant	Facilities/Bathrooms	clean-up of blood	weekly	L
Central Plant Operators	7	All	Physical Plant	Campus	clean-up of blood & trash	monthly	L
Trash Collector & Back-up (Grounds)	1	All	Physical Plant	Campus	trash collection, needlestick potential	occasionally	L
Campus Police Officers	16	All	Campus Police	Campus	incident response, first-aid, blood clean-up	occasionally	L
Nurses	2	All	Health Services	Prothro Center	first aid, sharps medical services	daily	M
Safety Officer	1	All	Fiscal Affairs	Campus	accident investigation, Emergency response	occasionally	L

Methods of Implementation and Exposure Control Plan

Universal Precautions

- All blood and other potentially infectious materials (OPIM) shall be treated as potentially contaminated/infectious in order to eliminate or significantly reduce the risk of an occupational exposure incident regardless of the perceived status of the source individual.

Engineering Controls

- *Safety Engineered Devices - self-sheathing needles* and other safe sharps devices (retractable syringes & lancets) shall be selected and used based upon annual evaluations of available technology. Needles should never be recapped with two hands. Breaking or shearing needles is prohibited. One hand technique to cap needles shall be used when necessary (including reusable syringes). In cases where multiple injections are given with the same needle (lidocaine) that has no self-sheathing device, the needle should be immediately and carefully placed in the sharps container using a one handed technique. Other examples of safety engineered devices include but are not limited to: plastic pipettes, non-glass capillary tubes, and safety scalpels.
- *One-way valve rescue breathing mouthpieces* shall be available for designated personnel who may have to administer artificial respiration (Athletic Trainers/Nurses).
- *Labeled sharps containers* shall be used to dispose of all medical sharps devices (contaminated or not) and will be properly disposed of as regulated medical waste.
- *Hand washing stations*/sinks shall be available and used for personal hygiene in the event of an exposure incident.
- *Safe broken glass kits*, (brush with dust pan or tongs) shall be made available to housekeeping staff or others that may have to respond and clean-up. Broken glass shall be disposed of in a cardboard box and labeled "Caution Broken Glass." Blood stained (liquid) glass/objects should be covered with absorbent material inside the cardboard box.
- *Labeled red bio-hazard bags* shall be used to dispose of regulated medical waste for "blood or OPIM that is in liquid or semi-liquid form and if compressed could be released."
- *Body fluid kit* – main Housekeeping closet first floor
- *Autoclave unit* – all potentially infectious material, blood, OPIM as well as other than OPIM (saliva contaminated, check swabs, cell lines, etc.) should be autoclaved and rendered non-infectious prior to disposal.
- Department Heads/Supervisors are responsible for ensuring the specific engineering controls and work practices are implemented and should use Appendix E & F, at least once per year to assess compliance as required under the Texas Department of State Health Services regulations.
- *Department Heads/Supervisors are responsible to inspect and maintain engineering controls on at least an annual basis and repair or replace defective items to ensure their effectiveness. Use Appendix E and F to document.*

Work Practices

- *Only trained and authorized BBP members* should engage in activities that have reasonable potential for BBP exposure or clean up potential BBP spills. Students are instructed not to clean up BBP spills and are directed to seek the assistance of trained staff (request help from Facilities Management (Custodial) - x1914. For off-hours, contact the Campus Operator (x 6511) to call an evening Custodial staff or as backup, the Central Plant Operator, or S.U. Police to provide assistance in proper clean-up.
- All procedures should be conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.
- Collection of Specimens: specimens of blood or OPIM should be placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose should be labeled with a biohazard label or color-coded. Labeling of these specimens should be done according to an appropriate specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are utilized, a biohazard or color-coded label should be affixed to the outside of the container.
- First response to incidents or first aid treatment should *include putting on appropriate PPE (especially gloves)*. Employees who did not have the opportunity to use PPE will need to wash their hands and any other exposed skin with soap and hot water immediately or as soon as possible after contact with blood or OPIM, for 15 to 20 seconds, in a manner causing friction on both inner and outer surfaces of the hands. If exposure occurs to mucous membranes (eyes, mouth, nasal passages) flush surface with lukewarm water for several minutes.
- Employees will be provided with antiseptic hand cleaners/towelettes when hand washing is not feasible (outdoor athletic fields). However, hand washing must still take place as soon as possible after exposure.
- *Eating, drinking, smoking*, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is the potential for exposure to blood borne pathogens. Food and beverages may not be kept/stored in these areas.
- Any *equipment that has been contaminated* with a potential BBP must be cleaned and decontaminated prior to use. Sterilized with approved sterilizing agent and accepted method or autoclaved. If portions cannot be decontaminated, the equipment must be labeled to warn users to wear gloves and be aware of the risks.
- *Mouth pipetting* (suctioning of blood or OPIM) is strictly prohibited.
- When *handling trash and potential hidden sharps do not push down* on trash lined bag unless using a hard non-penetrable surface/object (lid). Be careful not to allow trash liner bag to rub or swing and bump against your leg when transporting to curb. Use broom and dust pan to pick-up sharps (broken glass, sharp objects, needles, etc). Place broken glass/sharps in a labeled cardboard box to prevent injuries. Dump trash into trash cart rather than using your hands to pull trash out. If needles/syringes are found, notify your supervisor.

Personal Protective Equipment (PPE) & Procedures

Task	**Hazard**	**Procedure & PPE**
Conducting First Aid at the scene	Liquid Blood/OPIM – moderate potential for infection	Gloves, safety glasses, biohazard disposal bag
Resuscitation (CPR)	Blood/OPIM	One-way respirator mouthpiece
Conducting First Aid – dried blood/OPIM (changing bandages after)	Blood/OPIM – low potential for infection	Gloves, disposal in normal trash in plastic lined garbage bag. SU Health Services – disposal in yellow bag.
Medical procedures with sharps devices (needles, lancets, etc.)	Blood/OPIM – moderate potential for infection	Gloves, safety glasses, mask, safe sharps devices (one-handed), disposal in labeled sharps container.
Medical procedures – human biopsy, blood-draw – Kinesiology Lab Research	Blood, human tissue, OPIM. Moderate potential for infection.	See specific human research plan for procedure. Gloves, safety glasses, mask. Autoclave medical instruments in separate dedicated instrument only autoclave to avoid cross-contamination with biological waste in general autoclave.
Clean-up of blood/OPIM – major quantity	Blood/OPIM – moderate potential for infection	Gloves, safety glasses, absorbent material, EPA disinfectant, red bio-hazard bag, dispose as regulated medical waste at Health Services.
Clean-up of blood/OPIM – minor quantity	Blood/OPIM – moderate potential for infection	Gloves, safety glasses, absorbent material, EPA disinfectant, red bag, dispose as first aid waste (non-regulated) in trash compactor.
Clean-up of vomit (very low risk)	<u>Vomit is not generally considered as an OPIM</u> – very low potential for exposure (unless it is visibly contaminated with visible blood)	Gloves, safety glasses, absorbent material, EPA disinfectant, red bag, dispose as first aid waste (non-regulated) in trash compactor.
Clean-up of broken glass contaminated with visible blood	Blood/OPIM – moderate potential for exposure	Gloves, broken glass clean-up kit (brush, tongs, dust pan), place in labeled cardboard box (Caution – broken glass).

		Place directly in trash compactor.
Handling of used feminine napkin bags	Blood/OPIM – generally contained inside bag - low potential for infection	Gloves, dispose in normal trash in plastic lined garbage bag.
Handling of blood stained clothes, towels, uniforms (Athletics)	Blood/OPIM – moderate potential for infection	Gloves, separate bagging and careful handling, separate laundry for contaminated items
Clean-up of surfaces, blood spill, equipment contaminated with blood/OPIM	Blood/OPIM – moderate potential for infection	Gloves, absorbent material, EPA disinfectant, dispose of in red bag as first-aid waste (non-regulated) and hand walk and dispose in trash compactor.
Clean-out or repair sewer lines, toilets, equipment.	Feces, urine, sewage, biologicals - generally <u>not considered as OPIM</u> or covered under BBP.	Gloves, safety glasses. Not covered under BBP Program. General safety precautions with PPE.

- Personal protective equipment (PPE) will be chosen based on the anticipated exposure to blood or other potentially infectious materials (OPIM). All affected personnel shall be <u>required to use appropriate PPE</u>. The protective equipment should not permit blood or OPIM to pass through or reach the employees' skin, eyes, mouth, or other mucous membranes under normal conditions of use. Employees should refer to bloodborne exposure hazards, precautions and procedures chart to help determine <u>minimum</u> levels of recommended PPE and procedures. If blood or OPIM does penetrate through clothing, the contaminated clothing should be removed immediately and separated for special laundry. Contaminated/used PPE should be disposed of depending on the level of contamination (minor first aid – plastic lined garbage, liquid blood/OPIM – biohazard disposal bag).
- PPE is chosen based on the anticipated exposure to blood or OPIM. Examples of PPE include: • gloves – vinyl, latex or nitrile • safety glasses/goggles • gowns • lab coats • aprons • shoe covers • face shields • masks
- Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, should be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- **PPE should be reviewed and inspected on an annual basis by BBP Department Heads** to ensure it is in good condition and still appropriate for the tasks and risks involved with potential exposure. Annual inspections should be documented by BBP Department Heads. **<u>See Appendix E.</u>**

Housekeeping & Laundry Procedures

- *<u>Trained employees must decontaminate working surfaces and equipment</u>* with an appropriate EPA approved disinfectant (hospital grade disinfectant effective against HIV and Hepatitis viruses) after completing first aid procedures, research procedures or clean up of an incident involving blood or OPIM. All equipment, environmental surfaces and work surfaces shall be decontaminated immediately or as soon as feasible after contamination. In areas where there is potential for blood borne pathogens (ex. Health Services, Kinesiology Lab) the surfaces, equipment, and containers shall be kept free of

contamination or transfer of contamination by implementing a routine decontamination cleaning protocol (schedule – frequency). Employees must clean and disinfect when surfaces become contaminated after any contact with blood or OPIM.

- The *first step is to assess and isolate the scene* (set up barriers to prevent other people from contact) and put on proper PPE (gloves).
- *Clean-up gross amounts of blood/OPIM* by carefully applying absorbent material and wiping up with disposable towels. Clean area from outward to inward, making contaminated areas smaller without stepping into contaminated area. Immediately dispose of in red bag.
- After first clean-up of all visible blood/OPIM (discard potentially contaminated gloves and re-glove), use an EPA registered high-level disinfectant (not quaternary ammonia) and follow directions. Allow generous amounts of disinfectant to sit on surfaces for at least 10 minutes or as instructed. Disinfect all surfaces, door, or faucet handles that may have been touched while cleaning up area or by the injured person. Apply disinfectant to bottom of shoes with a disposable towel to ensure that contamination does not spread to other areas. Dispose of used towels, absorbent, and gloves in red bag.
- *Contaminated broken glass* will be picked up using mechanical means, such as dust pan and brush, tongs, etc. Apply absorbent material. Blood contaminated glass should be placed in a cardboard box and labeled Caution – Broken Glass. Place directly in trash compactor.
- *All laundry will be handled as potentially contaminated with blood* or OPIM and will be handled as little as possible. Employees who handle contaminated laundry will utilize personal protective equipment (gloves at a minimum) to prevent blood or OPIM from coming into contact with skin or street clothes. Special handling, separate bagging, and separate laundering of obviously bloodstained towels and uniforms is performed by the Athletic Equipment Manager. Specific procedures should be outlined by each department and reviewed with affected BBP employees.

Medical Information

Hepatitis B Vaccination

- The Hepatitis B vaccination shall be made available to employees and student employees who have been designated in the "employee exposure determination chart" within 10 days of initial job assignment. Students involved in academic/research classes (Kinesiology) who have reasonably anticipated exposure to blood or OPIM should be encouraged to complete their HepB vaccination series *if* they have not already completed the vaccination – (instructor responsibility). Concentra Medical Center will provide Hepatitis B vaccinations to employees and student employees designated in the BBP program. The Department supervisor will arrange and forward all completed HBV acceptance/declination forms to the Safety & Risk Management Office (S&RM). S&RM Office will forward *acceptance* forms to Concentra Medical Center to authorize the vaccine process. The vaccination is given in a series of three injections. The first injection date, then one month after a second injection is given, then five months after the first injection the third and final dose is administered. (0,1,6 months). Concentra Medical Center will maintain an electronic record of HepB vaccinations.
- Hepatitis B vaccine was first recommended for administration to all infants in 1991 by the Advisory Committee on Immunization Practices (ACIP) as the primary focus of a strategy to eliminate hepatitis B virus (HBV) transmission in the United States.
- Vaccinations will be funded by Southwestern University and provided at no cost to employees and student employees designated by the exposure determination. Since Texas required HepB vaccines in children since 1992, we anticipate most students have been vaccinated.

- All employees/students affected by the BBP Policy must sign the **vaccination form either accepting or declining the HepB vaccine**. Department supervisors are responsible to arrange this and forward the completed form to the Safety & Risk Management Office for recordkeeping.
- Employees who perform first aid/emergency aid and sustain a BBP exposure, may be eligible to receive the HepB vaccine series at no cost after (the first time) they perform a first-aid response (regardless of the use of appropriate PPE) if it is recommended by a Health Professional.
    1. The healthcare professional's written opinion (report sent to Human Resources Office - HR will provide a copy to the S&RM Office for recordkeeping purposes) for Hepatitis B vaccination is limited to the following:
        - Whether the employee needs Hepatitis B vaccination.
        - Whether the employee has received such a vaccination. This is to assure confidentiality of medical records (HIPPA).
- According to the Epidemiology and Prevention of Vaccine-Preventable Diseases, it is recommended that a total of 3 doses be given for 90%-95% lifetime protection against Hep B disease.
- Our protocol is the following: employees who do not have records or knowledge of their HepB vaccination status should consult with their physician. Physician will typically order a blood sample (titer) to be drawn and analyzed for immunity status. If the status shows no or very low immunity (< 10 mIU/ml), a new series of Hep B injections may be recommended by Physician to be completed. If the blood titer results shows immunity (greater than 10 mIU/ml), the physician may make a determination that employee is still considered immune. In this case, no additional vaccine series or booster may be necessary.
- **Hepatitis B Vaccination Acceptance/Declination Form** (*Mandatory*)
    1. Acceptance/Declination form – **all affected employees** and affected students involved in academic/research courses must choose to participate or not to participate in the vaccination series by signing the required forms. Department Supervisor/Instructor is responsible to forward the completed forms to the Safety & Risk Management Office for recordkeeping.
    2. **See Appendix A for form.**

Medical Evaluation and Treatment for Exposure Incident

- **Post-exposure evaluation and follow-up**: Immediately after an incident involving an "exposure incident," the employee and their supervisor must complete the *BBP incident report* and meet with Human Resources (HR). The HR coordinator will contact the S&RM Office for consultation in completing the *BBP incident report* **(Appendix D)** and evaluation of the circumstances surrounding the exposure. Employees determined to have an "exposure incident" will be provided medical treatment by Concentra Medical Center through the workers compensation program. *Students* involved in academic/research courses who have an incident will complete the BBP incident report (App D) and will be advised by Instructor/HR to immediately arrange post-exposure medical evaluation and follow-up. It is recommended that these services be provided by Concentra Medical Center due to their specialization in occupational medicine. Student will be responsible to utilize their personal medical insurance for post-exposure medical services.
- For injuries involving a BBP "exposure incident", employee should report to Concentra Medical Center for evaluation and potential treatment the same day of the incident. For off-hour incident, injured individual may report to a 24 hour Emergency/Urgent Care Center.

An "**exposure incident**" is defined as a *specific contact of someone else's blood or OPIM's with the employee's eye, mouth, non-intact skin, mucous membrane, or parenteral contact that could have the potential to transfer a blood borne pathogen related disease.*

As defined by OSHA (letters of interpretation), feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva (other than saliva from dental procedures) would not be occupationally exposed during that task as these substances are not "other potentially infectious materials" as defined in the standard, *unless* they are contaminated with *visible blood*. In a Health Hazard Analysis (HHE) conducted by the National Institute of Occupational Safety and Health (NIOSH), it was stated that "...*exposure to wastewater or sewage has not been found to be a potential risk factor for hepatitis B infection*." Generally, raw sewage and wastewater do not contain blood. Urine, feces, and other reasonably anticipated *biological components comprising human wastes in sewage are not included in the definition of "other potentially infectious materials" unless "...visibly contaminated with blood..."* [29 CFR 1910.1030(b)]. Therefore, OSHA, while recognizing that contact with wastewater and raw sewage poses a number of health hazards, *does not generally consider that contact with diluted raw sewage not originating directly from a health care facility or other source of bulk blood or OPIM is covered by the Bloodborne Pathogens Standard.*

OSHA defines blood to mean human blood, human blood components, and products made from human blood. Other potentially infectious materials (OPIM) means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures (blood present), 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) 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.

- All efforts should be made to identify the source individual and asked if they are willing to proceed to Concentra Medical Center after an "incident" so that they can be asked to sign a consent form and provide a blood sample to help determine if the exposed employee needs to be medically treated. This is a voluntary consent but is *extremely important and strongly encouraged as it can make a drastic difference in the medical treatment and emotional well-being of the injured/exposed individual*.
- Medical records will be confidential and kept on file at the medical provider's facility.
- **The post-exposure medical evaluation and follow-up shall include the following:**
    1. Documentation of the route(s) of exposure.
    2. A description of the circumstances under which the exposure occurred.
    3. The identification and documentation of the source individual.
    4. The collection and testing of the source individual's blood for HBV and HIV and other serological status if consent is given.
    5. Post-exposure treatment for the employee, when medically indicated should be provided in accordance with the U.S. Public Health Service.
    6. Medical counseling for the exposed employee.
    7. Evaluation of any reported illness.

- The Safety & Risk Management Office will provide/forward the following information to the Human Resource Coordinator when notified/requested. HR Coordinator will send this information to the Healthcare provider.
    1. A copy of our BBP plan (if requested).
    2. A copy of the OSHA Blood Borne Pathogen regulations (29 CFR 1910.1030) (if requested).
    3. Documentation of the route(s) of exposure (BBP exposure incident report).
    4. A description of the circumstances under which the exposure occurred (BBP exposure incident report)
    5. Results of the source individual's blood testing, if/when available.
    6. All medical records applicable to treatment of the employee, including HepB vaccination status.

- The employee should receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation (will be sent by the HR Coordinator).

- The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
    1. That the employee was informed of the results of the evaluation.
    2. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

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

- All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR 1910.20.

- Note: See Appendix C for medical expenses and coverage.

Employee/Student Training

- Department heads/Chairs/Instructors are responsible to ensure all affected employees and students complete annual BBP training. On-line *training module (BBP)* through SafeColleges LMS covering the OSHA Blood Borne Pathogen Standard will be provided by the Safety & Risk Management Office upon request by affected department. *In addition*, all affected employees/students must receive training on Southwestern's BBP Policy: (exposure control plan) – using SafeColleges LMS.
- Affected departments *are responsible to ensure their staff/students have completed training for both modules*. Department Heads/Supervisors can request BBP module and BBP Policy module training by contacting the S&RM Office.
- Instructions and specific hands-on procedures or protocols shall be provided by the department heads/supervisors/instructor prior to the employee or student engaging in BBP related work. *Instruction should include* hands-on instructions (safe practices, proper use of personal protective equipment, proper disposal, proper decontamination and clean-up of blood/OPIM, etc) as it relates to the employees job responsibilities or student academic/research activities.

- Training program materials, a copy of the OSHA Blood Borne Pathogen Standard, and a copy of our written exposure control plan will be available for employees, OSHA representatives at the Safety & Risk Management Office.
- The training program will consist of the following elements:
    1. A copy of the standard made available and an explanation of its contents.
    2. A general discussion of the epidemiology and symptoms of blood borne diseases.
    3. An explanation of the modes of transmission of blood borne pathogens;
    4. An explanation of our Blood Borne Pathogen Exposure Control Plan, a method for obtaining copies and/or access.
    5. Review and recognition of tasks, job titles, and areas that may involve exposure.
    6. An explanation of the use and limitations of methods to reduce exposure, (engineering controls, work practices, and personal protective equipment).
    7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
    8. An explanation of the basis of selections of PPE.
    9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
    10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
    11. An explanation of the procedures to follow if an exposure incident occurs, including the method or reporting and medical follow-up.
    12. Information on the evaluation and follow-up required after an employee exposure incident.
    13. An explanation of the signs, labels, and color coding systems.

Recordkeeping

- Documentation of Safety & Risk Management Office training, training materials, and copies of employee incident reports will be kept on file at the Safety & Risk Management Office. Department Heads/Superviasors should keep permanent records of employee/student training given by departmental authorized trainers.
- Human Resources Office will store original copy of employee exposure incident reports and post-exposure written opinions. The Safety & Risk Management Office will have access to Hepatitis B vaccination records (Concentra Medical and SU Health Services), in addition to acceptance/declination forms.
- Medical evaluation records will be stored at the medical provider's facility. Out of town records and local emergency room records should be sent to Concentra Medical Center for follow-up treatment (responsibility of employee).
- Records shall be maintained for length of employment plus 30 years.

Labels & Waste Disposal

- REGULATED MEDICAL WASTE: Regulated medical waste will be collected and stored in red-labeled biohazard bags (in labeled hard walled closed lid containers) or in red labeled approved sharps containers. Regulated waste includes human materials removed during procedures or biopsy; laboratory specimens of blood and tissue; blood and blood products; free-flowing body substances other than blood identified as potentially infectious for bloodborne pathogens such as semen, vaginal secretions, and any body fluid containing visible blood; and disposable items saturated with blood or these body fluids.
- All regulated waste will be properly disposed of by our medical waste disposal vendor, "Biomedical Waste Solutions." Central storage for regulated medical waste is located at SU Health Services. Generators of regulated medical waste are responsible to transport regulated medical waste in "sealed secondary containers" to Health Services. Regulated medical waste will be temporarily stored in a biohazard labeled closed container provided by our waste vendor inside a locked/secure room.
- NON-REGULATED WASTE: Plain red/yellow leak-proof (non-labeled) disposal bags should be used for most housekeeping clean-up procedures or for minor first-aid type bandages/gauze used in Health Services, Kinesiology Lab when absorbent material is sufficient to **solidify** the blood/body fluids *and* when no contaminated broken glass or sharps are involved. Plain red/yellow bags (non-regulated) should be disposed of in the trash compactor behind the Facilities Management building to avoid comingling with normal trash.
- Students or employees who use needles, syringes, or sharps for personal medical purposes should use an **approved labeled sharps container** to dispose of all contaminated or used sharps. Contact Health Services for information on obtaining a sharps container. The used/full sharps container must be delivered to Health Services for proper bio-hazard disposal.
- Standard first aid supplies (used/soiled) – band-aids, small gauze pads with minimal amounts of semi-dry blood spots can be disposed of in the normal trash as long as it is plastic lined.
- Departments that produce bio-hazardous waste are responsible to purchase and use approved, labeled sharps container or bio-hazard container/bags.

Appendix A – Hep B Vaccine: Acceptance/Declination

___ I have had a previous HBV vaccine series - approximate date/year: _____
___ I have not had a previous HBV vaccine series.
___ I don't recall if I ever had a HBV vaccine series **or** am concerned and want to be sure my HBV vaccine produced immunity and would like to request an antibody test to determine if I am considered immunized (blood test required – if sufficient antibodies are present there will be no need for the three shot vaccine series).

I understand that due to my potential for occupational exposure to blood or other potentially 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 me.

_____ (Initials) Date: _____ **ACCEPT**

PART A. I accept and want to participate in the vaccination program. I understand this is a voluntary part of the BBP program and that it is **my responsibility to show up for the three scheduled vaccinations.** The Safety Office will contact SU Health Services to authorize the HBV series upon completion and receipt of this form.

_____ (Initials) Date: _____ **DECLINE**

PART B. I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be at potential risk of acquiring hepatitis B, a serious disease, if I have an occupational exposure. If in the future I continue to have risk of occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can request and receive the vaccination series at no charge to me.

PRINT Name:_____ Signature:_____
Job Title: _____
Supervisor Name:_____

SU HEALTH SERVICES (When providing Vaccinations**)** Forward Completed Record to Safety Office
Date of 1st vaccine:_____
Man: _____ Lot# _____ Exp. Date: _____ Site: _____ Initials: _____
Date of 2nd vaccine (30 days later): _____
Man: _____ Lot# _____ Exp. Date: _____ Site: _____ Initials: _____

Date of 3rd vaccine (4 to 5 months after 1st vaccine): _____
Man: _____ Lot# _____ Exp. Date: _____ Site: _____ Initials: _____

HepB Titer Test (antibody test): Date:_____ Result: _____ HbsAb
____ Need HBV (negative test) ____ Do Not Need HBV – (positive test) - Min. 10mIU/ml HbsAb - Hepatitis B Surface Antibody Titer is serologic evidence of immunity.

Departmental Supervisors: Forward this Record to Safety Office

Appendix B

Updating to New Safer Medical Devices

BBP Engineering Control Reference Guide

This review must include updating and documenting our work practice procedures with special consideration to incorporate new safer "medical devices" to reflect changes/advances in technology that may reduce occupational exposure to blood borne pathogens. The following are good resources that can be reviewed while conducting the initial and annual review of safe work practices and safe sharps devices.

- OSHA BBP Standard – requirements for evaluating & selecting safe devices http://www.osha.gov/SLTC/bloodbornepathogens/index.html
- Selecting Safe Needle Devices - http://www.cdc.gov/niosh/sharps1.html

Annual Review - Updates to the BBP Policy and Work Practices

- 2003: The initial review of work practices and safe sharps devices was conducted on October 10, 2003 by SU Nurse and SU Safety Officer. A list of all sharps was identified and evaluated. Eight out of ten sharps in use were identified as having a safer engineered version available. The inventory list identifies sharps items that should be replaced and updated as soon as current inventory levels are depleted.
- 2004: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2005: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2006: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2007: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2008: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2009: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2010: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2011: Substantial administrative changes were made to written program. New appendix sections for inspection recordkeeping. New medical provider (Scott & White) and new HepB vaccine provider (SU Health Services). Updated and reevaluated several positions to eliminate the risk of exposure to staff and student employees by avoiding duties with risk of exposure (Athletics – coaches and student workers). Updated master list of BBP employees and vaccination records.
- 2012: no substantial changes.
- 2013: Updated and revised several sections to reflect changes in personnel and updated procedures. Updated master list of BBP employees and vaccination records.
- 2014: no substantial changes.
- 2015 : no substantial changes
- 2016: no substantial changes
- 2017: no substantial changes
- 2018: updated and revised new department names, medical providers, etc.
- 2019 – updated and revised names, titles, medical providers, post-incident instructions, added Kinesiology tissue biopsy procedure to employee exposure determination. Made several revisions, multiple clarifications and added sections for students involved in academic/research activities related to BBP Policy. Sept. 2019 – additional revisions of employee exposure determination, tasks/PPE chart, definitions with clarification from compliance letter's of interpretation.

Appendix C

Funding and Scheduling for Pre-vaccination HBV

Vaccinations will be provided to employees (at no cost to employees) through Concentra Medical Center and coordinated by the Safety & Risk Management Office and employee's supervisor. Supervisor and employee are both responsible to schedule and follow-up with all three vaccine doses.

Pre or Post vaccination efficacy tests (TITER)

Employees interested in determining the effectiveness of their HBV vaccine status (immunity level) can arrange for a simple blood test with their family physician. In order for an individual to be considered protected "immune" for HepB, their blood test results should be a minimum of 10 mIU/ml or current accepted levels by CDC or other recognized expert. Consult with your personal physician.

Funding for post exposure treatment

Workers Compensation will only pay for medical treatment after an exposure incident *if* it leads to the contraction of a recognized BBP disease that was *not* pre-existing.

Employees that are occupationally exposed (regardless of contracting a disease) will receive medical treatment and counseling at our designated medical provider, Concentra Medical Center. Southwestern University will cover employee's applicable out of pocket costs (using personal medical insurance) of necessary medical treatment if workers compensation determines the employee is not eligible due to not contracting a disease.

Costs for initial evaluation, blood tests, and treatment vary considerably. A standard initial evaluation, standard blood tests, and follow-up with no treatments (no Rx medicine) and no disease are estimated to cost about $600.00. An immune globulin shot if deemed necessary is estimated to cost an additional $450.00. The administration of anti-virals and other prescription medication can significantly inflate the total treatment costs.

Appendix D

Southwestern University: Complete this report for actual exposure (contact) with blood/fluid to non-intact skin or mucous membranes.

BBP Exposure Incident Report

Name: _____ Job Title: _____

Date of Injury: _____

Supervisor: _____ Time of exposure: _____

Where did exposure incident occur (be specific):	
What task was being performed when the exposure occurred (describe the incident):	
What caused the exposure (result of what condition or behavior?):	
Who is the source individual (name and phone #):	Staff Faculty Student Other Name: Phone:
What specific part(s) of your body was exposed (circle):	Intact skin non-intact skin eyes nose mouth If skin: good condition abrasion/chapped/dermatitis
What body fluids were you exposed to (circle):	blood vomit urine OPIM None
Did the body fluid (circle):	touch unprotected skin soak through clothing other:
How much body fluid came in contact (circle):	A drop or two < 1 teaspoon > 1 tablespoon

What personal protective equipment were you wearing:	gloves safety glasses safety goggles face mask other:
If no PPE was worn, explain clearly why it was not and what is the proper protocol:	
Was a medical sharps device involved : Was it a "safety designed device" If yes, what failed to prevent injury:	No Yes: specific device: Yes No
Have you received HBV vaccine:	No Yes Date:
How could this exposure have been prevented:	
Circle all BBP training you have received:	1.BBP training module (video) 2.BBP Policy – exposure control plan 3.departmental instruction on job related tasks 4.none
Date:	Employee Signature:
Date:	Supervisor Signature:
Date:	H.R. Signature:
Date:	S&RM Signature:

Complete immediately and proceed to Human Resources Office. HR coordinator will contact Safety and Risk Management Office for consultation to evaluate and help determine if a defined "**exposure incident**" occurred. Take a copy of this report to medical provider – Concentra Medical Center.

Last Revised 01-28-19.

Appendix E

Inspection of Personal protective equipment (PPE) Dept: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Appendix F

Inspection of Engineering Controls - Dept: _____

Department Head/Supervisor conducting inspection: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Date:

Approved (signature and date):

Supervisor _____

Director of Physical Plant _____

AVP for Facilities _____

Vice President for Fiscal Affairs If needed_____

Copy:

All supervisors _____

Related crafts _____

Department Heads _____ _____

VP's _____ _____

President _____