

BLOODBORNE PATHOGENS CONTROL PROGRAM

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INTRODUCTION

Hepatitis B Virus (HBV) has long been recognized as a pathogen capable of causing serious illness and death. The virus is transmitted through blood and certain body fluids. Personnel who handle blood and other potentially infectious materials as part of their jobs have an increased risk of contracting HBV and the Human Immunodeficiency Virus (HIV). HIV, the virus that causes Acquired Immune Deficiency Syndrome (AIDS), has only been recognized in the last decade. Because the transmission of HIV is considerably less efficient than HBV, the risk of HIV infection to employees who must handle blood and other potentially infectious materials is less than that of HBV. The consequences of HIV infection are grave because HIV causes the fatal disease, AIDS.

Bloodborne Pathogens are pathogenic microorganisms that are present in human blood and can cause blood disease in humans. These pathogens include, but are not limited to, HBV and AIDS.

The OSHA Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030, was issued in December of 1991, and revised in 2001 to include sharps with sharps injury protection. The standard, which pertains to all general industry, requires all employers with employees who are occupationally exposed to blood and other potentially infectious materials to:

- *Establish Exposure Control Programs*
- *Provide Universal Precautions, and Engineering and Work Practice Controls*
- *Provide and Enforce Use of Personal Protective Equipment (PPE)*
- *Ensure Proper Housekeeping*
- *Provide Special Protection for Employees in HIV and HBV Research Laboratories and Product Facilities*
- *Make Available Hepatitis B Vaccines*
- *Train All Occupationally Exposed Employees*
- *Provide Labels and Signs as Required*
- *Provide Post-exposure Medical Evaluation and Follow-up, with Healthcare Professional's Written Opinion*
- *Maintain Proper Confidential Records*

Francis Marion University fully supports this standard and will comply with it through the development and implementation of this manual and all applicable requirements. This program became initially effective on January 1, 1993.

Accordingly, the following policy is established to further our efforts to provide a University-wide environment for employees which is free from recognized hazards that cause or are likely to cause serious physical harm or death.

PURPOSE

To continue to promote safe work practice and to minimize the incidence of illness and injury experienced by employees, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The purpose of this standard is to *reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other Bloodborne Pathogens* that employees may encounter in the workplace.

It is believed that the following should be observed when working with Bloodborne Pathogens:

- A. It is prudent to minimize all exposure to Bloodborne Pathogens.
- B. Risk to exposure to Bloodborne Pathogens should never be underestimated.
- C. Francis Marion University will institute engineering and work practice controls to eliminate or minimize employee exposure to Bloodborne Pathogens.

POLICY

The policy of Universal Precautions is hereby established. Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne Pathogens. Body fluids which have been directly linked to the transmission of HBV or HIV and to which Universal Precautions apply include blood, semen, blood products, vaginal secretions, cerebrospinal fluid, pericardial fluid, amniotic fluid and concentrated HIV or HBV viruses. Universal Precautions are intended to prevent Campus Police personnel, custodial workers, athletic personnel, nurses, and others from exposures to Bloodborne Pathogens.

Francis Marion University has implemented this program to meet the intent of the OSHA Bloodborne Pathogens Standard. The objective of this program is two-fold:

1. Protect Francis Marion University employees from health hazards associated with Bloodborne Pathogens.
2. Provide appropriate treatment and counseling should an employee be exposed to Bloodborne Pathogens.

Occupational exposure may occur in many ways including needlesticks and cut injuries. Francis Marion University employees employed in certain occupations are assumed to be a *high risk* for Bloodborne Pathogen infections due to their routinely increased exposure to body fluids from potential infected sources. These high risk occupations include, but are not limited to, Campus Police personnel, Athletic personnel including Student Workers, Certain Dining Services personnel, Custodial Workers, Faculty Nurses, Student Health Nurse, and certain Smith University Center personnel. Employees in any occupations where they are directly exposed to body fluids are considered to be at substantial risk of exposure to HBV and HIV. Neither HBV nor HIV is transmitted by casual contact in the workplace.

Personal Protective Equipment (PPE), including PPE for the eyes, face, head, and extremities, as well as protective shields and barriers, shall be provided, used, and maintained in sanitary and reliable conditions whenever it is necessary by reason of the processes or environment to protect against contamination by blood or body fluids. This equipment or clothing must be provided by the department concerned as well as available in the work area at all times.

The use of gloves will vary according to the procedure involved. The use of disposable gloves is required where body fluids are handled and is particularly important if the worker has cuts, abraded skin, chapped hands, dermatitis, or the like.

Gloves must be of appropriate material and quality for the procedures to be performed, and of appropriate size for each worker. Surgical and examination gloves must be disposed of after use and may not be washed or disinfected. General purpose utility (rubber) gloves worn by maintenance, housekeeping, and other non-medical personnel may be decontaminated and reused. No gloves shall be used if they are peeling, cracking, discolored, or if they have punctures, tears, or other evidence of deterioration.

Gowns, aprons, or lab coats must be worn when splashes to skin or clothing with body fluids are likely to occur. Gowns, including surgical gowns, shall be made of, or lined with, impervious material and shall protect all areas of exposed skin.

Masks and protective eye wear and/or face shields are required when contamination of eyes, mouth, or nose is likely to occur due to splashes or aerosolization of materials.

Pocket masks, resuscitation bags, or other ventilation devices shall be provided in strategic locations and to key personnel where the need for resuscitation is likely to occur to eliminate the need for emergency mouth to mouth resuscitation.

Gowns, masks, and eye protection shall be worn when an employee's skin or mucous membrane may come in contact with body fluids.

Housekeeping and environmental services operations involving substantial risk or direct exposure to body fluids shall take into account the application of proper precautions while cleaning blood spills. Cleaning schedules shall be as frequent as is necessary depending upon the area to be cleaned, the type of surface to be cleaned, and the amount and type of soil present. Chemical germicides that are approved for use and are tuberculocidal when used as recommended shall be used to decontaminate spills of blood and other fluids. A solution of 5.25 percent sodium hypochlorite (household bleach) diluted to 1.10 with water or other suitable disinfectant shall be used for disinfection.

All persons at substantial risk of directly contacting blood or body fluids are offered the Hepatitis B Vaccinations in the amounts and at the times prescribed by standard medical practice.

All laundry operations involving direct exposure to body fluids shall be identified. Linens soiled with body fluids shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linens. Laundry shall be bagged in **yellow bags** which prevent leakage in the location where it was used and transported to the laundry.

Hands and other skin surfaces shall be washed thoroughly after removing gloves and immediately after contact with blood or body fluids.

If a Francis Marion University (FMU) employee has a percutaneous (needlestick or cut), mucous membrane (splash to eye, nasal mucous or mouth) exposure to body fluid or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non-intact, the source individual shall be informed of the incident and tested for HBV and HIV infections after consent is obtained. If the source individual's consent is refused or if the source individual tests

positive, then the FMU employee shall be evaluated clinically by HIV antibody testing and advised to report and seek medical evaluation of any acute febrile illness that occurs within twelve (12) weeks after exposure. The testing will be performed by FMU's designated physician.

HIV seronegative workers shall be retested six (6) weeks post exposure and on a periodic basis thereafter (2 weeks and 6 months after exposure). Follow-up procedures shall be taken for an employee potentially exposed to HBV. The type of follow-up depends on the immunization status of the employee and the HBV serologic status of the source individual. If an employee refused to submit to the foregoing procedures when such procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed employee.

All high risk Francis Marion University employees shall receive education on precautionary measures, epidemiology, modes of transmission and prevention of HBV and HIV. This education shall be provided by Human Resources. Employees shall be counseled by Human Resources regarding possible risks to the fetus from HBV or HIV and other associated infectious diseases.

In addition, such high risk employees must receive training by their supervisors regarding the location, availability, and proper use of Personal Protective Equipment (PPE). They shall be trained by their supervisor concerning proper work practices. They shall be trained by their supervisor about the meaning of color coding, the biological hazard symbols, and the precautions to be used in handling biological and infectious wastes. Additionally, workers shall receive training by their supervisor about procedures to be used if they are exposed to needle sticks or body fluids.

All employees who may reasonably anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials in the performance of their duties. They must participate in a training program at the time of initial employment and before being assigned work or permitted to enter the work area. The material must be appropriate in content and vocabulary to the educational level, literacy, and language background of the participants. The training program must contain the following elements:

- A. A copy of the OSHA Bloodborne Pathogens Standard and an explanation of its contents.
- B. A general explanation of the epidemiology and symptoms of Bloodborne disease.
- C. An explanation of the modes of transmission of Bloodborne Pathogens.
- D. An explanation of *Francis Marion University's Bloodborne Pathogens Control Program*.
- E. An explanation of appropriate methods for recognizing tasks and other activities which may involve exposure to blood and other potentially infectious materials.

- F. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices, and Personal Protective Equipment (PPE).
- G. Information on the type, proper use, location, removal, handling, and/or disposal of PPE.
- H. An explanation of the basis for the selection of PPE.
- I. Information on the availability of Hepatitis B Vaccine, including information on the efficiency, safety, and benefits of being vaccinated.
- J. Information on the appropriate actions to take and persons to contact in an emergency.
- K. An explanation of the procedures to follow if an exposure occurs, including the method of reporting an incident, and the medical follow-up that will be made available, as well as medical counseling which will be provided to exposed individuals.
- L. An explanation of signs, labels, and/or color-coding.

DEFINITIONS

The following definitions will be used in conjunction with the standard CFR 1910.1030:

- A. *Approved Biohazard Symbol* - Label affixed to any container used for contaminated waste, contaminated laundry, evidence or any other potentially infectious material.
- B. *Blood* – human blood, human blood components, and products made from human blood.
- C. *Bloodborne Pathogens* - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B Virus (HBV) and human immunodeficiency virus (HIV).
- D. *Body Fluids* - Fluids that have been recognized as directly linked to the transmission of HIV and/or HBV and/or to which Universal Precautions apply. For example: blood, blood products, and numerous other body fluids are capable of transmitting HIV or HBV.
- E. *Contaminated* - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- F. *Contaminated Laundry* - Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- G. *Contaminated Sharps* - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.
- H. *Decontamination* - The use of physical or chemical means to remove, inactivate, or destroy Bloodborne Pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- I. *Engineering Controls* - Controls (e.g., sharps disposal container, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the Bloodborne Pathogens hazard from the workplace.
- J. *Exposure Incident* - A specific eye, mouth, other mucous membrane non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

- K. *Handwashing Facilities* - A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines, or the use of disinfectant towelettes and solutions.
- L. *HBV* - hepatitis B virus.
- M. *HIV* - human immunodeficiency virus.
- N. *Healthcare Facility* - Based upon OSHA Instruction *CPL 2-2.44A*, nurses' stations at industrial work sites will be classified as a healthcare facility for inspection purposes.
- O. *Healthcare Worker* - An employee of a healthcare facility including, but not limited to, nurses, physicians, dentists, dental workers, optometrists, podiatrists, laboratory technicians, dialysis, paramedics, emergency medical technicians, first-aiders or first responders, morticians, housekeepers, laundry workers, and others whose jobs may involve direct contact with blood or body fluids.
- P. *Infectious Waste* - Blood and blood products, contaminated sharps, pathological wastes, and microbiological wastes.
- Q. *Needleless systems* – a device that does not use needles for 1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; 2) the administration of medication or fluids; or 3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- R. *Occupational Exposure* - Reasonable 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.
- S. *Other Potentially Infectious Materials* - The following body fluids: 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; blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- T. *Parenteral* - Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- U. *Personal Protective Equipment (PPE)* - Specialized clothing or equipment worn by an employee for protection against hazard. General work clothes (uniforms, pants, shirt, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

- V. *Regulated Waste* - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.
- W. *Sharps with engineered sharps injury protections* – a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- X. *Source Individual* - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- Y. *Sterilize* - The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- Z. *Universal Precautions* - The term “Universal Precautions” refers to a system of infectious disease control which assures that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) infected. Universal Precautions are intended to prevent healthcare workers from mucous membrane and non-intact skin exposures to Bloodborne infectious agents.
- AA. *Work Practice Controls* - Reducing the likelihood of exposure by altering the manner in which a task is performed. An example would be prohibiting recapping of needles by a two-handed technique.

UNIVERSAL PRECAUTIONS SUMMARY

This summary may not be all-inclusive. It is meant to provide an overview of safety precautions. For in-depth information, please refer to the 29 CFR 1910.1030 Standard located in Appendix I of this manual.

- A. Take extraordinary care to avoid accidental injury from sharp instruments, e.g., needles, knives, and other sharp items, or items which if broken could cause cuts, scratches, or puncture wounds. Also, in order to prevent contact of non-intact skin, for example, torn cuticles, abrasions, and chapped areas as well as mucous membranes (eyes and mouth) with blood or other body fluids.
- B. Wash hands well after every subject contact, and immediately if contaminated with blood or body fluids. Rinse eyes and mouth with tap water (eyes may be rinsed with eye wash solution) immediately, if splashed with blood or body fluids.
- C. Wear gloves, preferably latex, which fit well whenever performing any task in which soiling with blood is anticipated. Vinyl gloves which are not sized may be used when cleaning up or handling body fluids. Latex gloves provide maximum sensitivity and flexibility. Also, gloves must be worn when cleaning or handling items or equipment contaminated with blood or other body fluids. *Latex gloves, however, catch fire easily and burn vigorously, as opposed to melting. Do not use latex gloves around an open flame.*
- D. Wear masks, goggles, or face shields and/or gowns/aprons as well as gloves for procedures with potential for inadvertent splatter of possible infected blood or body fluids (e.g., crime scene processing, handling any contaminated objects, etc.).
- E. Label, package, and transport all blood and other body fluid specimen according to University policy.
- F. Handle and dispose of sharps properly. Sharps contaminated with blood or body fluids to which Universal Precautions apply must be placed in special puncture resistant, rigid containers at or as close to the use site as practical. Needles must not be recapped, bent, broken, or otherwise manipulated by hands. Do not clip off syringe needles.
- G. Dispose of sharps containers properly according to Francis Marion University procedures.
- H. Report all parenteral or mucous membrane exposures to blood or other body fluids to which Universal Precautions apply. This includes prolonged contact with contact with blood when the employee's skin is chapped, abraded, or otherwise irritated (non-intact).

- I. Participate in the HBV vaccine program offered to all employees who are occupationally exposed to blood and/or body fluids.
- J. Be knowledgeable about and utilize the available Personal Protective Equipment (PPE) recommended to minimize contact with blood and body fluids.

METHOD OF IMPLEMENTATION

Responsible Persons: There are three (3) major *Categories of Responsibility* that are central to the effective implementation of this program. They include:

1. The Exposure Control Officer and Trainer
2. Managers and Supervisors
3. Employees

The Exposure Control Officer and Trainer is responsible for the overall management of the Bloodborne Pathogens Compliance Program and for providing information and training to all employees who have the potential for exposure to Bloodborne Pathogens. These activities include, but are not limited to:

1. Overall responsibility for implementing the Bloodborne Pathogen Exposure Control Program
2. Develops and administers policies and procedures needed to support the implementation of the program
3. Knowledge of current legal requirements concerning Bloodborne Pathogens Safety and Health Information
4. Acts as facility liaison during OSHA inspections
5. Conducts facility audits to maintain an up-to-date Exposure Control Program
6. Maintains a list of personnel to be trained
7. Develops and schedules training programs
8. Maintains training documentation such as sign-in sheets, quizzes, etc.

The Vice President for Administration is the Exposure Control Officer and Trainer.

Managers and Supervisors are responsible for exposure control in their respective departments and for insuring that proper exposure control procedures are followed. If proper procedures are not followed, appropriate disciplinary action will be taken.

Employees have the most important role in this program. The ultimate execution of the program rests with them. They must:

1. Know what tasks that they perform which have occupational exposure
2. Attend training sessions
3. Perform all tasks in accordance with requirements
4. Develop good personal hygiene habits

Universal Precautions: Effective May 26, 1992, Francis Marion University has adopted the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. Under circumstances where differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering Controls: A key to the Exposure Control Program is the use of Engineering Controls to eliminate or minimize employee exposure to Bloodborne Pathogens. Items such as sharps (needles) and other potentially infectious materials shall be stored and maintained in containers in accordance with this policy. When occupational exposure remains after these controls, Personal Protective Equipment (PPE) must be used.

Work Practice Controls: The following controls are applicable to Francis Marion University employees who may reasonably anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials in the performance of their duties:

- A. Handwashing facilities are generally readily accessible. When handwashing facilities are not feasible, the employee's department shall provide an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as possible.
- B. Employees shall wash their hands immediately after removal of gloves and/or other PPE.
- C. Employees shall wash their hands and other skin with soap and water immediately after contact with blood or other potentially infectious material.
- D. Bending or shearing of contaminated needles is **prohibited**. Recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- E. Contaminated sharps (needles) shall be placed in appropriate containers until properly disposed. Containers must be puncture resistant, labeled with the biohazard warning label, leak proof on the sides and bottom, and packaged in such a manner that employees are not

required to reach by hand into the container. Containers must be emptied frequently and inspected regularly to insure that the container is never overfilled.

- F. Incidents involving contaminated sharps must be recorded on the *Sharps Injury Log* in accordance with CFR 1910.1030 requirements. Information recorded on the log shall include date/time of injury, employee's job classification/department, body part injured, location of the incident, type/brand of device, safety devices, how the injury occurred, and means of prevention (i.e., type of PPE worn). Please refer to Appendix D for an example of Francis Marion University's *Sharps Injury Log*.
- G. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work area where there is a likelihood of occupational exposure.
- H. All procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spattering, or the generation of droplets. Mouth suctioning of blood or other potentially infectious materials is prohibited.
- I. Blood or other potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, storage, transport, and/or shipping.
- J. Internal containers for storage, transport, or shipping shall be color coded **RED** and marked with the biohazard symbol. Outer containers will be marked with the biohazard symbol.

Personal Protective Equipment (PPE)

PPE shall be worn during all contact with body fluids. Bloodborne Pathogens can enter the body through needlestick injury, through contact of non-intact (chapped or cut) skin with infected blood, or through a splash of infected blood to the eye, nose, or mouth. The PPE listed below must be worn to prevent entry of infectious material to the body. These include:

- A. The high risk occupation employee's department shall provide, at no cost to the employee, access to appropriate PPE such as gloves, gowns, face shields, masks, eye protection with side shields, mouth pieces, resuscitation bags, pocket masks, and other such PPE as required to protect the employee from exposure.
- B. The employee's department shall provide protective clothing and equipment in appropriate sizes which are readily available or are issued to employees. Hypoallergenic gloves, glove liners, and powderless gloves must be readily available for employees who are allergic to gloves normally provided.
- C. The employee's department shall clean, launder, and dispose of personal protective clothing and equipment at no cost to the employee. Disposable protective clothing and equipment provided by the department is an acceptable alternative to cleaning and laundering.

- D. All personal protective clothing and equipment shall be removed prior to leaving a contaminated work area and placed in an appropriate designated container for storage, cleaning, or disposal.
- E. Gloves and other personal protective clothing and equipment shall be worn when the possibility of contamination exists.
- F. Employees shall immediately report to management any exposure or potential exposure to contamination and immediate action shall be taken to initiate the Control Program.

BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

Exposure Determination

Within this plan, **blood** is defined as human blood, human blood components, and products made from human blood. The following body fluids are defined as ***other potentially infectious material***: human semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, 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); 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 employees in the following job classifications are considered to have occupational exposure to Bloodborne Pathogens:

Assistant Baseball Coach
Assistant Basketball Coach (Men's and Women's)
Assistant Golf Coach
Athletic Trainer
Baseball Coach
Basketball Coach (Men's and Women's)
Chief of Campus Police I
Chief of Campus Police II
Cross Country Coach (Men's and Women's)
Gail and Terry Richardson Center for the Child Employees
Golf Coach
Intramural Director
Campus Police Officers
Campus Police Sergeant
Soccer Coach (Men's and Women's)
Softball Coach
Student Health Nurse and Faculty Nurses
Student Trainers
Tennis Coach (Men's and Women's)
Track Coach (Men's and Women's)
Volleyball Coach

The following employees will be trained in regard to Bloodborne Pathogens:

Athletic Personnel including Student Workers
Certain Dining Services Workers
Custodial Workers
Campus Police Personnel
Gail and Terry Richardson Center for the Child Employees
(certain) Smith University Center personnel

The following is a list of the tasks and procedures in which occupational exposure to blood and other potentially infectious materials may occur:

Law Enforcement

- Altercations resulting in open wound injuries during an arrest
- Physical search of suspect and clothing during an arrest procedure
- Assisting an injured person as a result of accident
- Securing or handling evidence while investigating the crime scene
- Removing a needle from an IV
- Observing or witnessing a postmortem examination or autopsy

Athletic Area

- Laundry operations involving direct exposure to blood or potentially infectious materials
- Open wound injuries during an athletic game or practice
- Washing uniforms, laundry, etc., containing body fluids

Student Health Coordinator and Faculty Nurses

- Open wound injuries because of assisting an injured person as a result of an accident
- Giving shots as prescribed by a board certified physician

Custodial Worker (may assign several and not cover all)

- Cleaning contaminated areas

Smith University Center personnel

- Cleaning contaminated areas
- Laundry operations involving direct exposure to blood or potentially infectious materials
- Washing uniforms, laundry, etc., containing body fluids

RECORDKEEPING

Medical Records: Human Resources shall establish an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

This record shall include:

1. The name and social security number of the employee.
2. A copy of the employee's Hepatitis B Vaccination status including the dates of all the Hepatitis B Vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. The employer's copy of the healthcare professionals written opinion, when one is consulted after an employee exposure to blood or other potentially infectious materials.
5. A copy of the information provided to the health care professional who is responsible for evaluating an employee after an exposure incident.

The employer shall ensure that employee records are:

1. Kept **confidential**.
2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace as required by this section or as may be required by law. The employer shall maintain these records for at least the duration of employment, plus thirty (30) years in accordance with 29 CFR 1910.20.

Training & Recordkeeping: Training records shall include the following information:

1. The dates of the training session.
2. The contents or a summary of the training sessions including documentation of employee's receipt of OSHA Standard 1910.1030.
3. The names and qualifications of persons conducting the training (or certification if training is conducted via interactive video/CD ROM).
4. The names and job titles of all persons attending the training sessions.

5. Training records shall be maintained for three (3) years from the date on which the training occurred.
6. Records of any subsequent yearly training.

A qualified medical representative (i.e., nurse, nurse practitioner, EMT, medical doctor) must be available immediately after each training session to answer employees' questions that arise during the course of the bloodborne pathogens training.

Where training is conducted by departmental supervisors via interactive video/CD-ROM, it will be required that those supervisors coordinate bloodborne pathogens training sessions at times when a qualified medical representative is available to answer specific questions relating to the bloodborne pathogens course content.

The medical representative must be available to trained employees immediately after each training session (i.e., if scheduled training completes at 2:00 p.m., then the medical representative must be available to answer questions from 2:00 p.m. until 2:15 p.m.).

POST EXPOSURE - EVALUATION AND FOLLOW-UP

Exposure incidents occur when:

- A. An individual has a needle stick or a cut with a sharp instrument used on a human organism.
- B. A splash of blood or body fluids to the eyes, nose, or mouth occurs to an individual.
- C. Contact of blood or body fluids occurs to individuals with chapped or abraded skin.

FREQUENT QUESTIONS ABOUT HEPATITIS B VIRUS (HBV) AND THE VACCINE

1. Can I get Hepatitis B Virus (HBV) or AIDS from the vaccine?

No - It is a synthetic vaccine not made from human plasma or other blood products.

2. What if I refuse to take the HBV vaccine and get Hepatitis (from work)?

You will still be covered under Workers' Compensation. You will not be penalized for not taking the vaccine.

3. What if I am pregnant now, or get pregnant while I am taking the vaccine series?

There is no documented evidence that the vaccine will hurt the fetus; however, it is our policy not to give any type of vaccine to anyone who is pregnant or breast feeding.

4. What if I have an allergy to mold, yeast, and/or penicillin?

The synthetic vaccine is made from yeast, but grown on a mold base. It is our policy that persons with these allergies must have a written order from their physician prior to receiving the vaccine. (Many employees with yeast and/or mold allergies have taken the vaccine without any complications. If you have a penicillin allergy you may still take the vaccine without a note from your doctor.)

5. What are the side effects of the vaccine?

The most reported side effect is a sore arm at the injection site which usually only lasts 1-2 days.

Other possible side effects include:

- *Low grade fever*
- *Fatigue*
- *Joint tenderness/swelling*
- *Nausea*
- *Rash*

6. How is Hepatitis B spread?

Through contact with infected body fluids (ex. blood, saliva, semen, urine), sexual contact and contact with contaminated needles. (If you become infected with Hepatitis B, you can spread it through sexual contact with your mate. Hepatitis B can also be spread to an unborn baby (baby will have a 90% chance of becoming a chronic HBV carrier if the mother has HBV).

7. How will I know if I have Hepatitis B?

Some people infected with Hepatitis B have the disease and never know it. Some become very ill and symptomatic. Some become carriers for life - some do not.

8. Is there a cure for Hepatitis B?

No, there is treatment for symptoms, but at the present time, there is no cure.

9. After I receive the three vaccines, do you check for antibodies?

No. (Unless there is a blood/body fluid exposure or other unusual circumstances). Currently the United States Public Health Service guidelines do not recommend routine post-vaccine testing.

10. Can I take the vaccine if I am taking medications or not feeling very well today?

You cannot take the vaccine if:

- *You are on antibiotics or immunosuppressive drugs or therapy (ex. steroids, chemotherapy, radiation).*
- *If you do not feel well, reschedule your appointment.*

11. Does it hurt?

It may make your arm feel sore or heavy at the injection site.

12. After I complete the series, do I have to take a booster?

There is no current requirement to provide boosters unless the United States Public Health Service recommends it at a later date.

APPENDIX A
TRAINING DOCUMENTATION FORM

TRAINING DOCUMENTATION FORM

I have attended required training on the requirements of the OSHA Bloodborne Standard (Preventing Occupational Exposure to Bloodborne Pathogens), including:

- A. An accessible copy of the OSHA Standard and Francis Marion University's Manual Chapter on Preventing Occupational Exposure to Bloodborne Pathogens
- B. An explanation of their contents
- C. An explanation of the epidemiology and symptoms of Bloodborne disease
- D. An explanation of the modes of transmission of Bloodborne Pathogens
- E. An explanation of the Exposure Control Program and how the employee can obtain a copy
- F. An explanation of the methods of recognizing tasks that may involve exposure to blood or potentially infectious material
- G. An explanation of methods for engineering controls, work practices, and use of Personal Protective Equipment (PPE)
- H. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE
- I. Information on the selection of PPE
- J. Information of the Hepatitis B Vaccination
- K. Information on measures to take and individuals to contact in the case of an emergency involving blood or potentially infectious materials
- L. An explanation of the steps to take in case of exposure to blood or potentially infectious materials
- M. Information on post exposure evaluation and follow-up
- N. An explanation of the methods of recognizing tasks
- O. An explanation of signs, labels, and/or color coding
- P. An opportunity for interactive questions and answers with the individual conducting the training session

I understand the information presented and was able to ask questions. I have a copy of Francis Marion University's Exposure Control Program.

I will attend the annual refresher classes required by Francis Marion University and I understand the consequences of non-compliance with the procedures.

I agree to follow instructions in the Exposure Control Program and instructions presented in this training session and program.

DATE OF COMPLIANCE TRAINING:

SIGNATURE OF EMPLOYEE:

TITLE OF EMPLOYEE:

SIGNATURE OF MEDICAL REPRESENTATIVE:

QUALIFICATIONS OF PERSON CONDUCTING TRAINING (*or certification if training is interactive/CD ROM*):

APPENDIX B

HEPATITIS B VIRUS (HBV) VACCINATION WAIVER FORM

**HEPATITIS B VIRUS (HBV) VACCINATION WAIVER FORM
CFR 1910.1030 App A**

Employee: _____

Social Security Number: _____

Title of Employee: _____

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Date: _____ Signature of Employee: _____

Date: _____ Signature of Employer's Representative: _____

Reason for Declining: _____

APPENDIX C

HEPATITIS B VIRUS (HBV) VACCINE RECORDKEEPING

HEPATITIS B VIRUS (HBV) VACCINE RECORDKEEPING

This form is for documenting the actual receipt of the three (3) Hepatitis B Vaccinations and the fact that you have already received them prior to the implementation of Francis Marion University’s Standard for **Preventing Occupational Exposure to Bloodborne Pathogens**.

A. Date(s) of Vaccination:

Date	Signature	Witness
<hr/>		
<hr/>		
<hr/>		

B. _____, decline the Hepatitis B Virus (HBV) Vaccination due to the fact that I have already received the three (3) vaccinations.

<hr/>	<hr/>
Date	Signature

Date Signature of Employer’s Representative

(Both A and B must be completed)

APPENDIX D
SHARPS INJURY LOG

SHARPS INJURY LOG

Date/Time of Injury	Job Class/Dept	Body Part injured	Location of Incident	Type/Brand of Device	Safety Device?	How Injury Occurred	Means of Prevention

APPENDIX E

**SPECIFIC DEPARTMENTAL PROCEDURES AND UNIVERSAL PRECAUTIONS FOR
PREVENTING OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

SPECIFIC DEPARTMENTAL PROCEDURES AND UNIVERSAL PRECAUTIONS FOR PREVENTING OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Department: _____

Section: _____

Department Head: _____

Supervisor: _____

The following Procedures and Universal Precautions will be followed in all our work practices:

EXPOSURE INCIDENTS

Exposure incidents must be reported to Human Resources within twenty-four (24) hours of the incident. Following a report of an exposure incident, the employee will receive a confidential medical evaluation and follow-up at the University's designated physician's office including:

- A. Documentation of route of exposure and the circumstances under which the exposure risk occurred
- B. Identification and documentation of the source individual unless that identification is not feasible or prohibited by state or local law
- C. Medical evaluation of the exposed individual by a physician
- D. Blood samples will be taken and held by the medical facility for ninety (90) days
- E. If initial the HIV test is negative, further testing for HIV at the end of six (6) weeks, twelve (12) weeks, and six (6) months post exposure
- F. Post exposure prophylaxis (when medically indicated) will be provided, as well as counseling and evaluation or reported illness

APPENDIX F

EXPOSURE INCIDENT INVESTIGATION FORM

EXPOSURE INCIDENT INVESTIGATION FORM

Case Number: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Potentially Infectious Material(s) Involved:

Type: _____ Source: _____

Circumstances (Work Being Performed, Etc.): _____

How the Incident was Caused (Accident, Equipment Malfunction, Etc.): _____

Personal Protective Equipment Being Used: _____

Actions Taken (Decontamination, Clean-up, Reporting, Etc.): _____

Was Exposure Avoidable: _____

If Not, Recommendations for Avoiding Repetition: _____

Signature of Campus Police Officer

Date

APPENDIX G
BLOODBORNE EXPOSURE INCIDENT REPORT
CAMPUS POLICE

**BLOODBORNE EXPOSURE INCIDENT REPORT
FMU – CAMPUS POLICE**

Case Number: _____

Employee Exposed: _____

Social Security Number: _____

Source Individual: _____

Social Security Number: _____

Date of Exposure: _____

I fully understand that I have the legal right to refuse emergency medical treatment. I also fully understand that I have the legal right to refuse emergency medical transportation to a medical care facility. By waiving medical assistance and/or transportation, I fully release Francis Marion University from any liability present or future. I have been fully advised that emergency medical treatment and/or transport are needed or required due to my condition or injuries and that I was not denied such services, but my refusal is my own choosing and is made knowingly. I also understand the medical ramifications (now and in the future) as related to this particular incident and HBV and HIV viruses.

Signature of Employee: _____

Date: _____

If **NO** signature is obtained, secure signatures of two (2) witnesses and provide a brief explanation.

Witness: _____

Witness: _____

Explanation: _____

Signature of Campus Police Officer

Date

APPENDIX H
BLOODBORNE EXPOSURE INCIDENT REPORT
HUMAN RESOURCES

**BLOODBORNE EXPOSURE INCIDENT REPORT
FMU - HUMAN RESOURCES**

Case Number: _____

Employee Exposed: _____

Social Security Number: _____

Source Individual: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Date of Exposure: _____

Location: _____

Describe the Method of Exposure (including type of body fluid, if known, and part of body exposed):

Signature of Employee: _____

Date: _____

Exposure incidents must be reported to Human Resources within twenty-four (24) hours of the time of the incident or by the next working day.

Below is documentation of attempts to contact the Source Individual.

<u>Date</u>	<u>Time</u>	<u>Specific Information Regarding Contact Attempt</u>
_____	_____	_____
_____	_____	_____

**POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST
FMU - HUMAN RESOURCES**

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

Activity	Completion Date
Employee furnished with documentation regarding exposure incident. _____	
Source individual identified. (_____) Source Individual	_____
Source individual's blood tested and results given to exposed employee. _____ Consent has not been able to be obtained.	_____
Exposed employee's blood collected and tested.	_____
Appointment arranged for employee with healthcare professional. (_____) Professional's Name	_____
Documentation received by the Vice President for Administration _____ Description of exposed employee's duties. _____ Description of exposure incident, including routes of exposure. _____ Result of source individual's blood testing. _____ Employee's medical records.	_____