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# EAST TENNESSEE STATE UNIVERSITY

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## Facilities Management

**Policy Number:** 700.2  
**Title:** Bloodborne Pathogens Policy  
**Implementation Date:** 2002  
**Last Revised:** June 26<sup>th</sup>, 2018  
**Last Audited:** June, 2018

### **Introduction**

This policy is designed to eliminate or minimize ETSU employees' potential occupational exposures to bloodborne pathogenic microorganisms, which include, but are not limited to, Human Immunodeficiency Virus (HIV), Hepatitis-B Virus (HBV), and Hepatitis-C Virus (HCV). The HBV virus often leads to life threatening complications that are often fatal.

This policy includes instructions for complying with Tennessee's Sharps Injury Prevention Law, similar to the Federal Needle Stick Safety and Prevention Act. Also included are instructions for maintaining the log of needle stick injuries and new TOSHA reporting procedures.

This policy also establishes a new requirement for performing titer determinations in order to evaluate if vaccinated employees are Hepatitis B surface antibody positive.

This policy requires that employees follow universal precautions, which means that all blood and other potentially infectious material (OPIM) must be treated as though they are infected with HIV, HBV and HCV. Each department and clinic must determine whether the plan applies to their personnel by performing an occupational exposure determination. If occupational exposure, as defined by this policy, is present, the department or clinic must develop an Exposure Control Plan specific to their exposure. Each plan must address the method of implementing engineering controls, work practices, personal protective equipment, housekeeping, HB vaccinations, and training.

Anyone having questions concerning this plan may contact the Environmental Health and Safety Office, 439-6028.

This plan also mandates practices and procedures for post-exposure follow-up and recordkeeping.

Specific requirements of this plan include:

- Determination of employee exposure
  - Prescribing procedures which assure the application of Universal Precautions, Engineering Controls and Personal Protective Equipment (PPE)
  - Ensuring proper engineering and work practice controls are followed
  - Providing and ensuring proper personal protective equipment is utilized
  - Assuring proper housekeeping practices are followed
- Providing special protection for individuals working in HIV and HBV research laboratories and product facilities
- Making Hepatitis B vaccination available, at no cost, to potentially exposed employees
- Providing adequate training to all potentially exposed individuals
- Ensuring all actual and potential hazards are appropriately labeled or identified
- Maintaining appropriate prescribed records

This plan complies with the requirements of the OSHA/TOSHA Bloodborne Pathogen Standard, CFR 1910.1030. The plan also applies to students and all other individuals who may potentially be exposed to bloodborne pathogens by involvement in university activities.

### **Scope**

This program applies to all ETSU employees, students and others who have contact with blood or other potentially infectious body fluids while involved in university activities. Exposure determination will be conducted by each Department. A guide for exposure determination by Job Classification and Duties is located in Appendices 1 & 2 of this policy.

### **Definitions**

- **Administrative Controls.** Formal procedures established to ensure that Category I and II tasks are properly identified, SOPs are developed and employees who perform these tasks are adequately trained and protected.
- **Blood.** Human blood, human blood components and products made from human blood.
- **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, and human immunodeficiency virus.

- **Clinical Laboratory.** A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- **Contaminated.** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- **Contaminated Laundry.** Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- **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 wires.
- **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.
- **Engineering Controls.** Controls (e.g., sharps disposal containers, 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.
- **Exposure Incident.** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of employee's duties.
- **Fluid Resistant.** Material that resists moisture restricts blood and other fluids strike through.
- **Hand washing Facilities.** A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
- **HBV.** Hepatitis B virus.
- **HCV.** Hepatitis C virus.
- **HIV.** Human immunodeficiency virus.
- **Impervious.** Not permitting passage of a substance.
- **Licensed Healthcare Professional.** A person who's legally permitted scope of practice allows them to independently perform the activities

required.

- **Needleless Systems.** Devices that do not use needles for (1) the collection of 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.
- **Occupational Exposure.** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- **Other Potentially Infectious Materials.** 1). The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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. 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 tissue from experimental animals infected with HIV or HBV.
- **Parenteral.** Piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- **Personal Protective Equipment.** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
- **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 wastes containing blood of other potentially infectious materials.
- **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 of drug and alcohol treatment facilities, human remains, and individuals who donate, sell blood or blood components.

- **Sharps with Engineered Sharps Injury Protection.** 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.
- **Sterilize.** The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- **Tennessee Occupational Safety and Health Administration (TOSHA).** The State of Tennessee' regulatory agency for safety in the workplace.
- **Universal Precautions.** An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
- **Work Practice Controls.** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two handed technique).

## Procedures

**Exposure Determination.** Each department affected by the policy must perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination should be made without regard to the use of personal protective equipment. Occupational exposure is defined as a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This exposure determination requires a listing of all job classifications in which all employees may be expected to incur occupational exposure. Job classifications which are in this category must be listed on the form in Appendix 1.

In addition, TOSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure, they are also required to be listed. The job classifications and associated tasks for these categories are listed in Appendix 2. All other job classifications are considered Category C (no exposure) by the standard.

"Good Samaritan" acts are unanticipated events that occur when employees who do not have occupational exposure are exposed to blood to other OPIM (e.g., assisting a person with a nosebleed). These are not included in the scope of this plan.

Each department shall maintain a current record of their job classification determinations and a copy of their department Exposure Control Plan. These determinations should be updated annually or as required for new employees.

**Universal Precautions.** Universal Precautions embraces the concept of treating all body fluids and materials as infectious. The use of Universal Precautions will be employed in all workplaces with occupational exposures to blood or OPIM. All bodies are considered to contain potentially transmissible pathogens and appropriate barrier techniques must be followed.

**Engineering and Work Practice Controls.** Supervisors should implement methods or controls to eliminate or minimize exposure to blood or OPIM in the workplace. This can be accomplished by the use of intrinsically safe substances, procedures or devices; substitution for a hazardous procedure to device with one that is less risky or harmful and isolation or containment of the hazard. The following workplace practice controls shall be used to eliminate/reduce employee's exposure to blood or OPIM:

- Hand Washing/Aseptic Technique.
  - Aseptic technique will be observed in the routine performance of all patient care procedures.
  - Hand washing facilities shall be readily available to all employees.
  - Employees must wash their hands with soap and water before and after each patient contact, after the removal of gloves and/or other protective clothing and immediately, or as soon as possible, after any hand contact with blood or OPIM.
  - When the use of hand washing facilities is not feasible, employees shall either use an appropriate antiseptic cleanser or antiseptic towelette.
  - Only non-petroleum based hand cream should be used when wearing protective gloves.
- Sharps Containers.
  - Sharps containers shall be closable, puncture resistant, labeled or color-coded in accordance with the TOSHA Standard and leak proof on the sides and bottom.
  - During use, containers for contaminated sharps must be accessible to personnel and located close to the immediate area where sharps are used. Containers should be kept upright and replaced before they are completely filled.
  - Sharp containers must be closed when being moved.
  - Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- General Practices.
  - Eating, drinking, smoking, applying cosmetics or lip balm or handling contact lens are prohibited in all work areas where there is a reasonable likelihood of occupational exposures.

- Food and drink shall not be kept in refrigerators, freezers, shelves, counters or bench tops where blood or OPIM are present.
  - All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substance.
  - Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
  - Specimens of blood or OPIM shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping.
- Regulated Waste Handling and Storage Procedures. Containers for regulated waste shall be:
    - Closable, and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport and shipping.
    - Puncture resistant, labeled or color-coded in accordance with the TOSHA Standard.
    - Closed prior to removal or replacement. Containers shall be placed in a secondary container if leakage is possible or contamination of the outside container occurs.

### **Sharps Injury Prevention**

- Sharps Handling Procedures.
  - Sharps and needles shall be handled, stored, and disposed of in a manner that protects employees and other personnel from occupational exposure to bloodborne pathogens.
  - Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the department can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Shearing or breaking of contaminated needles is prohibited.
  - Recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
  - Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed.
- Safer Needle Devices
  - Departments and clinics must consider and incorporate into their practices innovations in medical procedures, devices and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needle sticks).
  - Departments and clinics must document consideration and use of appropriate, commercially available, and effective safer devices (e.g., describe the devices identified as candidates for use, the method(s) used

- to evaluate those devices, and justification for the eventual selection).
- Since no one medical device is considered appropriate or effective for all circumstances, selection should be based on reasonable judgment.
  - Devices selected should not jeopardize patient or employee safety or be medically inadvisable.
  - Non-managerial employees responsible for direct patient care must be involved with the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Employees selected should represent the range of exposure situations encountered in the workplace.
  - Employee involvement must be documented in departmental plans. This obligation can be met by listing the employees involved and describing the process by which input was requested; or presenting other documentation, including reference to meeting minutes, or records of responses received from employees.

### **Personal Protective Equipment**

- When there is identified potential occupational exposures, the department shall provide, at no cost to the employee, appropriate personal protective equipment, such as, but not limited to, gloves, gowns, face shields, laboratory coats, masks, eye protection, mouthpieces, resuscitation bags, etc.
- Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- All personal protective equipment shall be cleaned, laundered or disposed of at no expense to the employee.
- All personal protective equipment shall be repaired or replaced as needed to maintain its effectiveness, at no expense to the employee.
- If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
- All personal protective clothing shall be removed prior to leaving the work area.
- When personal protective clothing is removed, it shall be placed in an appropriately designated area or container marked with a biohazard label. Removal should be performed in a manner to avoid contact with the outer cover.
- The use of masks and protective eyewear is required when contamination



of mucosal membranes (eyes, mouth, or nose) with body fluids (such as splashes or aerosolization of such material) is likely to occur. They are not required for routine activities where splashes or aerosolization is extremely unlikely.

- The use of gowns or aprons is required when splashes to skin or clothing of body fluids are likely to occur. Gowns or aprons shall be made of, or lined with, impervious material.
- Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can be reasonably anticipated.
- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, non-intact skin or when handling or touching contaminated surfaces.
- Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
- Disposable gloves shall not be washed or decontaminated for reuse.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. They must be discarded when their ability to function as a barrier is compromised.
- Gloves shall be of appropriate materials, intact latex or intact vinyl of appropriate quality for the procedures performed and of appropriate size for each wearer. Gloves shall not be washed or disinfected for re-use. Gloves are not a substitute for proper hand washing. Hands are to be washed using warm water and liquid soap immediately after removing gloves.
- No gloves shall be used if they are peeling, cracking or discolored or if they have punctures, tears or other evidence of deterioration.
- The use of disposable gloves is indicated for procedures where body fluids are handled. Wearing gloves is particularly important in the following situations:
  - If the individual handling the material has cuts, abraded skin, chapped hands, dermatitis or similar conditions;
  - During instrumental examination which has the possibility of causing bleeding or release of other body fluids;
  - When contacting abraded or non-intact skin of individuals with active bleeding or drainage;
  - During invasive procedures; and

- During all cleaning and documentation procedures.
- Gloves shall be worn when performing all phlebotomies.

### **Housekeeping, Cleaning and Disinfection**

All equipment, environmental, and working surfaces shall be properly cleaned and disinfected with an appropriate germicide or a 1:10 dilution of sodium hypochlorite after:

- Completion of Procedures
- When surfaces are overtly contaminated
- Immediately after any spill of blood or OPIM
- At the end of the work shift

All bins, pails, cans, and similar receptacles intended for re-use which have the potential for becoming contaminated with blood or OPIM shall be inspected, cleaned, and disinfected daily and as soon as possible upon visible contamination.

Broken glassware, which may be contaminated, shall not be picked up by hand. It shall be picked up using a brush, dustpan and/or tongs. Vacuum cleaners should not be used for these procedures.

Re-usable items contaminated with blood or OPIM will be decontaminated prior to washing and/or re-processing.

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to service or shipping and shall be decontaminated as necessary.

Infectious wastes and sharps containers are incinerated through contracted medical waste services. This waste is designated by red-bag/container or biohazard label. Infectious waste shall be placed in contaminated waste containers, which are constructed to prevent leakage, appropriately labeled and lined with a red bag. Red bags are placed in a secondary container, which is constructed to prevent leakage and appropriately labeled for transport and disposal.

Clean up/disinfection shall be done using an approved germicide or a 1:10 dilution of sodium hypochlorite. Personnel shall wear gloves and other PPE as appropriate at all times during the clean-up procedures. In general, spill clean-ups include:

- Absorbing the spill
- Diluting with a detergent
- Disinfecting the area
- Reabsorbing the material
- Rinsing
- Drying

Clothing grossly contaminated with a body fluid is removed and placed in a leak-proof container prior to laundering. Personnel handling contaminated laundry will wear protective gloves and gowns and other PPE as appropriate during handling and sorting to minimize contact with blood or OPIM.

## **Laundry**

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be bagged or containerized where used without being sorted or rinsed.

Whenever the contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage, the laundry shall be placed in a bag or container that prevents leakage of fluids to the exterior. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriated personal protective equipment.

Contaminated laundry shall be placed and transported in appropriate labeled bags.

## **Hepatitis B Vaccination**

The university will make the Hepatitis B vaccination series available to all current and new employees who have occupational exposure after those employees have received appropriate training and within 10 working days of initial assignment at no cost to the employee unless:

- The employee previously received the vaccination series,
- Antibody testing determines immunity, or
- Vaccination is medically contraindicated.

Employees claiming one of these exemptions need to have documentation supporting the exemption in the medical record.

If an employee declines to accept the Hepatitis B Vaccination, the employee shall sign the Hepatitis B Vaccination Declination Statement. Employees who initially decline the Hepatitis B Vaccine may decide at a later date to receive it. Such employees may receive the vaccine at a reasonable time and place at no charge, provided that they are still working at tasks involving occupational exposure. Forms are available from EH & S (See Appendix 6).

## **Exposure Incident Evaluation Procedures**

Following an exposure incident, an Exposure Incident Form (Appendix 4) must be completed as soon as possible. The OSHA Coordinator/Supervisor and exposed employee will contact Corvel, Workers Compensation carrier, to ensure proper testing and follow-up is completed. The medical facility providing the patient care shall file a confidential medical evaluation and follow-up and make it available to the affected employee.

### **Communication of Hazard to Employees**

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, with the following exceptions:

- Red bags or red containers may be substituted for labels.
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from the labeling requirements.
- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempt from the labeling requirement.
- Labels required shall include the following legend:



- These labels shall be fluorescent orange-red or predominately so, with lettering or symbols in a contrasting color.
- Labels required shall be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents loss or unintentional removal.
- Labels required for contaminated equipment shall also indicate which portions of the equipment remains contaminated.
- Regulated waste that has been decontaminated need not be labeled or

color-coded.

## **Recordkeeping and Documentation**

- **Sharps Injury Log**

- Department OSHA Coordinators must maintain a log of sharps injuries that occur in their departments.
- Information in this log must remain **confidential**.
- Log should contain information describing the type and “brand” of instrument involved in the incident, department work area where the injury occurred and an explanation of what happened.
- Copies of sharps injuries must be forwarded to Environmental Health and Safety and Human Resources

The university shall establish and maintain in the Office of Human Resources, Personnel Office a confidential medical record for each employee who has an occupational exposure incident.

Employee’s medical records will be kept confidential and are not disclosed or reported without the employee’s expressed written consent to any person within or outside the workplace except as required by law.

Medical records will be made available upon request for examination and copying to employees, to employee’s representatives.

Records will be maintained for at least the duration of the employee’s employment, plus 30 years.

## **Biohazard Waste Disposal**

- Biohazardous agent refers to an agent that is biological in nature, capable of self-replication, and has the capacity to produce deleterious effects upon biological organisms. Biohazardous agents include, but are not limited to; bacteria, fungi, viruses, rickettsiae, chlamydia, prion, parasites, recombinant products, allergens, cultured human and animal cells and the potentially biohazardous agents these cells may contain, infected clinical specimens, tissue from experimental animals, plant viruses, bacteria and fungi, toxins, and other biohazardous agents as defined by State and Federal regulations.
- Biological waste is any material that contains or has been contaminated by a biohazardous agent. Biological waste includes, but is not limited to; Petri dishes, surgical wraps, culture tubes, syringes, needles, blood vials, absorbent material, personal protective equipment and pipette tips.

- Sharps are items that are capable of puncturing, cutting or abrading the skin. Sharps include, but are not limited to; glass and plastic pipettes, broken glass, test tubes, razor blades, syringes, and needles.
- Biological waste must be managed separately from chemical waste. The most common example where chemical waste is mistaken for biological waste is agarose gel contaminated with ethidium bromide or heavy metals (i.e. arsenic, chromium). This type of material should always be managed as chemical waste. When both chemical and biological waste types exist, the biological agent(s) should be treated first. Once the biological agents have been deactivated by either autoclave or chemical disinfection, the remaining chemical waste should be submitted on a Hazardous Waste Pickup Request Form <http://healthsafety.etsu.edu/static/pickupform> for pickup by EH&S personnel.
- Liquid biological waste should be collected in containers for autoclaving or chemical disinfection. Autoclaved or chemically disinfected liquid wastes can be disposed via the laboratory sink. Do not pour melted agarose down the drain. Allow it to cool and solidify, then dispose of it as solid waste in biohazardous waste bags. **Little to no liquid waste should be placed into the biohazard waste stream.**
- Solid biological waste, including solidified agarose gels, should be collected in appropriate biohazardous waste bags. Once the waste has been autoclaved or chemically disinfected, the autoclave bags should be taped or tied shut and placed inside of the cardboard box provided by Stericycle.
- Preprinted biohazard boxes are provided by Stericycle as well as red bags. The boxes must be lined with red bag, weigh less than 45 pounds, be properly secured shut with tape and placed outside each laboratory on Monday's for pickup by Stericycle. Labs not on a routine pickup schedule, need supplies or having problems should contact the ETSU EHS Office at 439-6029.
- Laboratories that have mixed radioactive/biological waste should contact the ETSU Radiation Safety Office at 439-6056.

### **Responsibilities**

All ETSU employees and students, including all departments where employees are occupationally exposed to blood or other potential infectious materials, are responsible for adhering to this policy.

- **Office of Human Resources**
  - Will ensure the Workers Compensation carrier follows-up with

the exposed employee to ensure proper testing and location has been assigned.

- Will ensure that employee is not responsible for payment of any testing and follow-up.
  - Will update OSHA 300 log
- **Office of Environmental Health and Safety**
    - Develop and maintain this written university wide control program and perform annual reviews.
    - Monitor the compliance of the respective departments with the program.
    - Provide guidance and technical assistance to departments in the design and selection of appropriate engineering and work practice controls; the selection of the most appropriate types and quantities of personal protective equipment; and the development and implementation of appropriate housekeeping methods.
    - Assist departments in fulfilling their training requirements.
    - Review all exposure incidents reports.
    - Provide guidance and assistance with infectious waste handling and disposal.
  - **Departments That Have Exposures to Blood or OPIM**
    - The department will designate an OSHA coordinator.
    - Ensure Exposure Control Plan is site or department specific.
    - Ensure Exposure Control plan has been annually evaluated and updated.
    - Ensure that all departmental personnel/positions with Category A & B exposures have been identified.
    - For Category B exposures, identify and document all tasks and procedures in which occupational exposure to bloodborne pathogens may occur.
    - Ensure department is providing all necessary personal protective equipment (PPE) at no cost to the employee.
    - Encourage employee compliance with the Hepatitis B vaccination program.
    - Monitor and enforce compliance with Universal Precautions.
    - Ensure annual training is site or department specific.
  - **OSHA Coordinator**
    - Orient current employees to the infection control program and ensure they are provided HIV, HBV and HCV education.
    - Orient new employees when initially hired to the infection control policies and procedures.
    - Document the orientation and training process with the appropriate forms indicating the date of training sessions, program content and the name of the person completing the

- training.
- o Compile and maintain data on individuals with potential exposure and the associated tasks and responsibilities of those persons.
  - o Implement cleaning schedules as deemed appropriate for the types of activities and facilities involved.
  - o Update the program when new information develops or guidelines change and notify employees of changes.
  - o Ensure exposure incident follow-up is provided for all exposure incidents. The Exposure Incident Report and employee notification of the incident to Corvel must be completed.

**Contact Persons**

Associate Vice President  
Director of Facilities Management Operations  
Director of Environmental Health & Safety  
Health & Safety Specialist

**Approved by:** \_\_\_\_\_  
William Brady Rasnick, Jr., Associate Vice President, Facilities Management

**Date approved:** \_\_\_\_\_

Audited: June 2<sup>nd</sup>, 2016  
May 2<sup>nd</sup>, 2017  
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May 12<sup>th</sup>, 2017  
June 26<sup>th</sup>, 2018






**Example**

<b>JOB CLASSIFICATION</b>	<b>CATEGORY A Tasks involve exposure to blood and OPIM.</b>	<b>CATEGORY B Tasks involve no routine exposure to blood or OPIM, but may require unplanned Category A tasks.</b>	<b>Category C No Exposure to Blood or OPIM.</b>
Custodial	X		
Grounds		X	
Plumbers		X	
COM- Utility/Maintenance		X	
EH&S		X	

## **Appendix 2**

List all tasks, or groups of tasks/procedures, performed by employees that present a reasonable likelihood of exposure to blood or other potentially infectious materials--without regard to the use of personal protective devices. (Example: Handling of contaminated sharps, handling contaminated linen, handling regulated wastes, collecting blood specimens).

<b>Task/Group of Tasks/Procedures</b>	<b>Performed by</b>
Blood spill clean up	Custodial
Ground trash pick-up with visible blood or other OPIM	Grounds
Plumbing lines with visible blood or other OPIM	Plumbers
Cleaning out pit in Forensics, possible biohazard labs	COM-Utility/Maintenance
Labs, First Aid Certified Personnel, other biohazard areas	EH&S

## **Appendix 3**

### **Resheathing/Recapping Of Clean and Contaminated Needles**

Needles should be used and immediately discarded, un-capped, into accessible sharps containers. Certain circumstances may exist, however, in which recapping, bending, or removing needles is necessary. In these situations, the user must be able to demonstrate that:

- The action is required by a specific medical procedure.
- Recapping must be performed by some method other than the traditional two-handed procedure.
- No alternative, such as immediately discarding used needles into accessible and appropriate sharps container, is feasible.

The use of the properly performed one-hand scoop method (in which the hand holding the sharp is used to scoop up the cap from a flat surface) for recapping is a recognized and acceptable method.

The resheathing, recapping, bending or breaking of needles is prohibited except in situations where it is absolutely necessary for appropriate job performance.

The following is a list of acceptable reasons for the appearance of resheathed needles in the sharps containers:

#### **Clean Needles**

- With use of medication that may cause "tracking" in the tissue (tissue irritation), a new needle is placed on the syringe after the medication is drawn up.
- When changing needle gauge sizes.
- When diluting medication from a carpuject (sterile cartridge unit), the needle and cap are removed from carpuject and discarded.
- When procedure trays are used there may be extra capped needles remaining on tray.
- When giving medication via a stopcock port or an IV line, the medication is drawn up and the needle then discarded prior to medication delivery.
- Unused prepared solution with needle attached.
- When drawing up liquid medications and other non-contaminated solutions in a syringe, the needle and cap are removed and discarded.
- When changing from a standard needle to a filtered needle.
- When a needle and syringe is unpackaged by mistake and not used.
- When using needle and syringe for repeated administration of non-contaminated solutions in the laboratory setting. This pertains only to experiments that do not include living subjects or potentially contaminated materials such as work with living microorganisms.

## Contaminated Needles

- Giving PRN IV medications, the doses may be titrated. The needle is recapped and the balance of the medication may be administered on a PRN basis for up to one hour.
- After medication delivery is completed via an INT needle, the needle on the primary line is recapped, discarded and a new-capped needle replaced on the primary line.
- When changing needles on a secondary IV set, the needle is capped and discarded and a new-capped needle is placed on the set.
- When a needle becomes contaminated, the needle may be recapped and discarded and a sterile needle placed on the syringe.
- When a patient brings in a capped contaminated syringe into a clinic after self-administration of medication.
- After Arterial Blood Gases are obtained, the syringe is recapped via the one-hand technique. The capped contaminated needle is then disposed of prior to running the test.
- Needles are removed from Vacutainer holders for disposal using a one-handed method along with a mechanical device.
- Scalpel blades are removed from handles using a mechanical device (hemostat).

**Appendix 4**

**EXPOSURE INCIDENT REPORT**

(Routes and Circumstances of Exposure Incident)

**Please Print**

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ E# \_\_\_\_\_

Telephone (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_ AM \_\_\_ PM \_\_\_\_\_

Hepatitis B Vaccination Status \_\_\_\_\_

Location and department where incident occurred \_\_\_\_\_  
\_\_\_\_\_

Describe what job duties you were performing when the exposure incident occurred  
\_\_\_\_\_  
\_\_\_\_\_

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident)  
\_\_\_\_\_  
\_\_\_\_\_

What body fluid(s) were you exposed to?  
\_\_\_\_\_

What was the route of exposure (e.g., mucosal contact, contact with nonintact skin, percutaneous)? \_\_\_\_\_

Describe any personal protective equipment in use at time of exposure \_\_\_\_\_  
\_\_\_\_\_

Did PPE fail?\_\_\_\_\_If yes, how?

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Identification of source

individual(s) (names)\_\_\_\_\_

Other pertinent

information\_\_\_\_\_

Cc: Human Resources Box 70564

Environmental Health & Safety Box 70653

## **Appendix 5**

### **Five Basic Questions**

**Employees will be asked these five basic questions by a TOSHA inspector** when determining if a facility is in compliance with the training section of the Bloodborne Pathogen Standard.

1. What does "Universal Precautions" mean?
2. What do you do when there is a blood spill?
  - Personal protection
  - Clean-up and disposal
  - Disinfection (apply hazard communication standard)
3. What do you do with contaminated sharps and laundry?
4. Have you been offered the hepatitis vaccination free of charge?
5. Where is the "Exposure Control Plan" and has it been explained to you, and have you been trained?



**Appendix 6**

**Hepatitis B Vaccination & Titer Record**

Name: \_\_\_\_\_ Dept. \_\_\_\_\_ Resp. Account  ETSU  COM

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>Part A: Health Care Professional's Written Opinion for Hepatitis B Vaccination</b>	
Date of Office Visit: _____ Health Care Facility: _____	
Do you have any contraindication to baker's yeast or to a previous dose of hepatitis B vaccine? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hepatitis B vaccination is <input type="checkbox"/> is not <input type="checkbox"/> recommended for this employee.	
_____ Signature of Health Care Provider	_____ Print/Type Name Of Health Care Provider

**Part B: Vaccination Schedule**

**Second Series if Necessary**

HBV Vaccinate Date	Administered By	Comments

HBV Vaccinate Date	Administered By	Comments

Hepatitis B Titer – Hepatitis B Surface Antibody		
Date Scheduled: _____	Date Taken: _____	Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/>
Results of Second Titer – If Necessary		
Date Scheduled: _____	Date Taken: _____	Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/>

<b>Part C: HBV Vaccine Declination</b>	
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 hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B virus, 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 a vaccination series at no charge to me.	
_____ Employee's Signature	_____ Date

**Distribution of copies:**

- Pink copy to Departmental OSHA Coordinator
- Green copy maintained by clinic providing vaccination
- Original copy to Health and Safety, P.O. Box 70653

## **Appendix 7**

In the event of an ETSU Public Safety Officer's vehicle, clothing or other personal items becoming contaminated with blood and other potentially infectious material (OPIM) in the line of duty, the Director of Environmental Health & Safety (EH&S) will be contacted. EH&S maintains an on-call schedule and will assemble resources to assist in the cleanup and decontamination.