



OHIO
UNIVERSITY

**BLOODBORNE PATHOGEN
EXPOSURE CONTROL PROGRAM**

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BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

1.0 SCOPE

This policy applies to all Ohio University locations. Staff who may be occupationally exposed to human blood, human blood pathogens, and/or human body fluids -- including exposure to human tissue, semen, vaginal secretions, spinal fluid, abdominal fluid, pericardial fluid, pleural fluid, amniotic fluid, synovial fluid, or lab animals infected with human bloodborne pathogens -- during the course of their employment shall adhere to the requirements of this disease prevention policy.

2.0 PURPOSE

This policy was developed for the protection of staff from acquiring bloodborne diseases while in the workplace, to ensure that any infected staff member has competent medical treatment and to ensure employee privacy is respected. The requirements of this procedure are designed to comply with the regulations of the Ohio Public Employees Risk Reduction Program (PERRP) - "State Employees OSHA".

3.0 References and Definitions

3.1 References

- 3.1.1 U.S. Department of Labor, Occupational Safety and Health Administrations (OSHA), Bloodborne Pathogen Standard, 29 CFR 1910.1030 (and Jan., 2001 needle safety revisions).
- 3.1.2 CPL 2-2.44D - Field Inspection Reference Manual (Enforcement Procedure for the Occupational Exposure to Bloodborne Pathogens Standard), November 5, 1999.
- 3.1.3 NIOSH, (1988). Publication No. 88-119. Guidelines for Protecting the Safety and Health of Health Care Workers. U.S. Department of Health and Human Services, Centers for Disease Control.
- 3.1.4 NIOSH, (1989). Publication No. 89-107. Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers. U.S. Department of Health and Human Services, Centers for Disease Control.
- 3.1.5 Ohio SB 183 – Public Employees – Needleless Systems & Sharps Protection
- 3.1.6 Ohio University Biosafety Manual.

3.2 Definitions

- 3.2.1 **Blood** - human blood, human blood components, and products made from human blood.
- 3.2.2 **Bloodborne Pathogens** - microorganisms that may be present in human blood. These pathogens include, Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and any other bloodborne pathogen.
- 3.2.3 **Clinical Laboratory** - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- 3.2.4 **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 3.2.5 **Contaminated Laundry** - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- 3.2.6 **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.
- 3.2.7 **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.
- 3.2.8 **Engineering Controls** – physical controls and devices (e.g.- sharps disposal containers, self-sheathing needles, needleless systems safety devices, biosafety cabinets, etc.) that isolate and/or remove the bloodborne pathogens or infectious materials hazard from the workplace or from exposing workers to the hazard
- 3.2.9 **Engineering Controls** - means 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
- 3.2.10 **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 an employee's duties.

- 3.2.11 **Hand-washing Facilities** - a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
- 3.2.12 **Licensed Healthcare Professional** - a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
HBV means hepatitis B virus.
HIV means human immunodeficiency virus.
- 3.2.13 **Needleless Systems** - means 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.
- 3.2.14 **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.
- 3.2.15 **Other Potentially Infectious Materials**
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, and 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).
 3. HIV or HBV- 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.
- 3.2.16 **Parenteral** - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- 3.2.17 **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 are not considered to be personal protective equipment.

- 3.2.18 **Production Facility** - a facility engaged in industrial-scale, large volume or high concentration production of HIV or HBV.
- 3.2.19 **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 or other potentially infectious materials. In Ohio, Ohio laws refer to this as “infectious waste” under OEPA regulations.
- 3.2.20 **Research Laboratory** - a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
- 3.2.21 **Sharps with Engineered Sharps Injury Protections** - means a nonneedle 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
- 3.2.22 **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.
- 3.2.23 **Sterilize** - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 3.2.24 **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.
- 3.2.25 **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).

4.0 GENERAL

4.1 Exposure Determination and Establishment of an Exposure Control Plan

- 4.1.1 Employee exposure to blood or other potentially infectious materials shall be assessed in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard, 29 CFR 1910.1030. This exposure determination shall be the basis of the exposure control plan.
- 4.1.2 This written Exposure Control Plan is established to eliminate or minimize employee exposure to potential bloodborne pathogens in the work place based on the exposure determination and OSHA regulations.
- 4.1.3 _____ is responsible for the management and implementation of this exposure control plan for (Department)_____.
- 4.1.4 The exposure Control Plan will give due consideration to safe needle devices, needleless systems, and sharps with engineered sharps injury protections.

4.2 Category of Exposure

- 4.2.1 The type of exposure a staff member encounters shall determine the approaches available to control the risk associated with the exposure.
- 4.2.2 Category I - some examples: physicians, nurses, faculty researchers, graduate assistants, animal handlers, athletic trainers, EMT, and lab technicians. Tasks and/or procedures which would involve: manipulation of infectious material, attending wounds and bleeding, venipuncture, intra venous therapy, CPR, or injections as part of an employee's job duties.
 - 4.2.2.1 Personnel who fall into Category I work are expected to have nearly continuous job exposure to human blood and other body fluids. These workers would use most forms of PPE available to them (depending on assessment) and comply with the requirements of this program.
 - 4.2.2.2 Appropriate PPE may include, but not be limited to, gloves, apron/full body protection, face shield, and mask.
- 4.2.3 Category II - some examples: first responders, security guards, housekeepers and police. This category includes tasks and/or procedures which would involve CPR, emergency care, emptying trash expected to contain blood, or other basic first aid procedures.

- 4.2.3.1 Personnel who fall into Category II work have limited or occasional job exposure and would use PPE based on the nature of this limited exposure and comply with the requirements of this program. If part of their job description were to provide first aid, medical assistance, or clean up blood spills, they would be covered under the Standard. If this is not part of their job and would only happen as a collateral duty or like any other “Good Samaritan” act, it may not be.
- 4.2.3.2 Appropriate PPE may include, but not be limited to, gloves and a pocket mask.
- 4.2.4 Category III - includes: Medical secretary, receptionist or other job where the probability of exposure to blood is very low. Tasks and/or procedures for these workers may involve: record keeping, scheduling patients, and greeting patients for appointments. These would be examples of situations where even in a medical setting there would not be anticipated occupational exposure to blood or other potentially infectious materials.
 - 4.2.4.1 Personnel who would fall into Category III would not under normal circumstances fall under this program unless there was an exposure incident where only certain parts of the program would apply (See section 4.5).
- 4.2.5 Typically, Category I employees would always be in BBP, Category II employees would often be in BBP, and Category III employees would not be in BBP.

4.2.6 Job Categories for (Department)_____.

	Job Title	Department/Area	Job Category (I,II,III)	Notes	In BBP Program (yes, no)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

4.3 Precautions for Staff Members

Universal precautions will be observed at Ohio University to prevent contact with blood and other potentially infectious materials (see definitions section). All blood and other potentially infectious materials will be considered infectious, regardless of the source. Work practice controls will be used to eliminate or minimize exposure of university employees. Where occupational exposure remains after instituting universal precautions and engineering controls, personal protective equipment shall be utilized.

4.3.1 **Regulated Waste Disposal** - Engineering controls consist of the following waste disposal provisions:

1. Labeled sharps containers (puncture resistant with tight fitting lids) for contaminated sharps capable of penetrating the skin including, but not limited to; needles, scalpels, pipettes, broken glass, capillary tubes.
2. Labeled biohazard bags for waste disposal of gloves, dressing, and other contaminated materials.
3. All infectious waste disposal practices must comply with Ohio EPA infectious waste regulations and Ohio University Infectious Waste Management Program policies and procedures. Contact Biosafety Officer at Environmental Health & Safety if technical assistance is needed.

These containers will be located in each examining room, each treatment area, and each laboratory where work with blood or bloodborne diseases occurs. They will be inspected weekly to see that lids are on the containers and that these containers are emptied at intervals, which prevent overflow. Inspections will be the responsibility of _____.

4.3.2 **Handwashing** - Handwashing facilities shall be made readily available to all staff exposed to blood or other potentially infectious materials. After removing gloves, staff will wash hands and any other potentially contaminated skin immediately or as soon as feasible with soap and water.

4.3.3 **Personal Protective Equipment** - Ohio University will provide personal protective equipment (PPE) for use by staff members for the following tasks:

1. **General Health Services (i.e. Hudson and Osteopathic Medical Center):**

Gloves -- Phlebotomy, cleaning open wounds, pap smears, suturing, rectal examinations.

Fluid resistant gown -- Suturing, any work with large open wounds.

Face shield or eye and mask -- Suturing, any work with artery cuts, any procedure likely to produce blood aerosols.

Utility gloves -- Cleaning contaminated areas and equipment, broken glass.

2. **Other Laboratories:**

1. Will be evaluated by the area's responsible supervisor. An Environmental Health and Safety (EHS) Representative can help determine their PPE needs.
2. Any garment penetrated by blood will be removed as soon as possible and placed in a red or orange biohazard bag for proper disinfection and/or disposal.
3. Gloves must be worn whenever it can reasonably be expected that staff members will have hand contact with blood or other potentially infectious materials, broken skin, or mucous membranes.
4. Where patients are involved, gloves shall be changed between patients.
5. Disposable gloves may not be washed or decontaminated for re-use. During use, they must be replaced as soon as practical after they are contaminated or as soon as feasible after they are torn, punctured, or whenever their ability to function as a barrier has been compromised. When finished with disposable gloves, they should be properly disposed of in a red or orange biohazard bag.
6. Gloves in appropriate sizes will be readily available on all workshifts or any time occupational exposure to blood or other potentially infectious materials might occur.

4.3.4 **Engineering Controls**

1. All O.U. departments shall purchase and implement the use of appropriate engineering controls as needed to control hazards. Engineering controls and safety devices will be continually evaluated for use in the work setting, implemented when reasonably available and needed, and

evaluated for effectiveness and continued use. Departments will give due consideration to safe needle devices, needleless systems, and sharps with engineered sharps injury protections.

2. All O.U. employees will use provided engineering controls properly.
3. Staff will be assigned to maintain, dispose of, clean, order, or otherwise maintain all devices and equipment (engineering controls) at all times.
4. Consult EHS if technical assistance is needed in selection or maintenance of engineering controls.

4.3.5 **Cleaning**

1. All contaminated work surfaces will be decontaminated with an appropriate disinfectant solution such as diluted bleach (10 volumes water to 1 volume bleach) or other U.S. EPA approved disinfectant after a procedure has been completed and immediately or as soon as feasible after spilling blood or any other potentially infectious materials by _____. In addition, all work surfaces will be cleaned and disinfected at the end of the work shift if they have become contaminated since the last cleaning by _____.
2. All work surfaces will be cleaned with a bleach towelette or other USEPA approved product and inspected weekly by _____. Other laboratory surfaces will be cleaned as determined by your staff.
3. Contaminated broken glassware shall not be picked up by hand. Use a broom and dust pan, and put the shards directly into a labeled impervious container, to autoclave at Irvine facility, or dispose of material infectious waste containers at sites who have pick up service for incineration by Ohio University's contractor. Disinfect all non-disposable clean-up materials after incident.

4.4 **Hepatitis B Vaccine** - All employees identified as having potential exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccination series at no charge to the employee. These are employees in exposure categories I and II, as previously described.

- 4.4.1 Staff members may request to submit to antibody testing to determine whether they have sufficient immunity without the vaccine or supply Hepatitis B vaccination records previously received.
- 4.4.2 Staff members who decline the Hepatitis B vaccine must sign a waiver of vaccination or a declination statement (Appendix A). Employees

who initially decline the vaccine, but later wish to be vaccinated, may do so at no charge to themselves by asking their supervisors.

- 4.4.3 All vaccine paid for by Ohio University departments shall be administered by Health Services, Occupational Health Clinic (OHC), at Hudson Health Center or the Ohio University College of Osteopathic Medicine (COM) unless otherwise approved for payment elsewhere by the appropriate dean, director, or department head.

Employees who elect to be vaccinated by their family physician may not be reimbursed for its cost and must provide O.U. with proof of vaccination. Check with your supervisor for departmental policy.

Current immunization recommendations of the USPHS and CDC will be followed at all times.

- 4.4.4 All employees involved in an exposure incident will be offered free post exposure Hepatitis B vaccine, and medical follow-up, regardless of whether they are included in categories 1, 2, or 3 of this policy.

4.5 **Post-Exposure Evaluation and Follow-Up.**

- 4.5.1 Every exposure incident must be reported immediately to your supervisor and EHS on an Ohio University "Employee Injury/Illness/Incident Report Form for the university accident reporting requirements. If the supervisor would like to use a brief exposure incident worksheet also, one is provided in Appendix C. Supervisors should investigate the incident and complete the form immediately for submission to EHS along with information needed for the needlestick injury log. The employee should report to OHC, Hudson or COM for a medical evaluation. A health care provider will obtain permission and draw blood from the exposed employee for Hepatitis B and HIV antibody testing. The source individual will be identified and his or her blood tested for Hepatitis B and HIV antibody testing, if possible. Within 15 days of this evaluation, the Health Care Professional will send the exposed staff member a written opinion of the staff member's status. Forms in Appendix D can be used for this purpose. Both forms in Appendix D should be filled out where applicable and sent with the information listed on the first form, with the employer to the attending physician.

- 4.5.2 Where an exposure incident to a bloodborne pathogen may occur, the following information must be provided to the treating physician:

1. A copy of the federal regulation 1910.1030 with emphasis on paragraph (F).

2. A description of the employee's duties at the time of the incident.
3. How the exposure occurred and the route of entry. (i.e. skin or mucous membrane).
4. All medical records are required to be maintained by the employer which are relevant to treatment of the exposed employee (i.e. the record of HBV vaccination). The source individual will be requested to have a blood test. If the consent of the source individual is obtained; then the sample will be tested for HIV and HBV infectivity. If consent is not obtained; then this fact shall be legally established (a signed refusal). If the source patient is already known to be infected with HIV or HBV, no further testing is required. The exposed employee's physician (the physician to which the employee is referred for this incident or contract physician) and exposed employee shall be given the results of the source individual's blood test or refusal.
5. At the discretion of the physician post-exposure prophylaxis, as recommended by the U.S. Public Health Service, counseling and evaluation of reported illness will occur when medically indicated.
6. Ohio University medical records are housed at Hudson Health Center and the College of Osteopathic Medicine, Medical Records Department.

4.5.3 In the event of Hepatitis B exposure, the Hepatitis B vaccine (if not previously administered) and Hepatitis B immune globulin will be administered within 7 days (or according to current medical recommendations).

4.5.4 Post exposure prophylaxis as recommended by the U.S. Public Health Service, counseling and evaluation will be made available when medically indicated to any exposed individual.

4.5.5 The exposed individual's supervisor will record all pertinent circumstances of the exposure in the individual's records and on an Employee Incident Report Form.

5.0 **POST EXPOSURE REVIEW**

5.1 A complete review of the circumstances leading up to the exposure shall be conducted by the employees supervisor including, but not limited to, the following:

5.1.1 Filing of the O.U. Employee Injury/ Illness/ Incident Report Form.

- 5.1.2 Circumstances leading up to the exposure.
- 5.1.3 A review of the personal protective equipment worn during the incident and revision of requirements if indicated.
- 5.1.4 A review of training received by the exposed employee, and revision of training if indicated by this review.
- 5.2 Once a determination is made, as to the circumstances and underlying causes leading up to the exposure incident, necessary corrections to the program shall be made by the supervisor if indicated by the review. All employees will be trained concerning the revisions or re-emphasized areas of the existing program.

6.0 **HIV and HBV RESEARCH LABORATORIES**

- 6.1 This applies to laboratories engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV (see Appendix B).
- 6.2 All waste from these facilities shall be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens prior to leaving the area, according to Ohio EPA Infectious Waste Regulations, through the Ohio University Infectious Waste Management Program.
- 6.3 Materials which are to be decontaminated at a location away from the work area shall be transported in a durable leak-proof, labeled or color-coded container which is closed prior to it being moved.
- 6.4 The doors to these laboratories shall be kept closed when work on bloodborne pathogens occurs.
- 6.5 Access to these laboratories shall be limited to persons which have had training concerning the potentials of the biohazards in use, familiarity with the written laboratory procedures, and who comply with the entry/exit procedures.
- 6.6 A hazard warning sign incorporating the biohazard symbol must be displayed when infected animals or other infectious materials are present in the work area.
- 6.7 All laboratory work involving "other potentially infectious materials" must be conducted in biological safety cabinets or other suitable containment devices within the research designated laboratory.
- 6.8 Appropriate protective clothing shall be worn in the laboratory and animal rooms (i.e. lab coats, gowns, smocks, uniforms etc.). This clothing shall not be worn outside these areas.

- 6.9 When handling infected animals or other infectious materials is necessary and there is a potential for hand contact, gloves shall be worn.
- 6.10 Protective clothing must be decontaminated prior to it leaving the area to be laundered.
- 6.11 A biosafety manual which advises personnel of hazards, contains specific instructions, practices, and procedures shall be prepared and updated annually.
- 6.12 Laboratory Containment Equipment:
 - 6.12.1 Biological safety cabinets (BSC) shall be certified when installed, moved, and annually.
 - 6.12.1.1 BSC's are certified annually at university by an outside contractor, coordinated through EHS. Departments are responsible for payment of annual certifications.
 - 6.12.2 A hand washing facility.
 - 6.12.3 An eye wash facility.
 - 6.12.4 An autoclave for instrument and equipment sterilization (infectious waste autoclaving is allowed only at the Irvine facility).
- 6.13 All research proposals which requires the use of HIV, HBV or other bloodborne pathogens must be reviewed, approved, and receive an IBC# from the Ohio University Institutional Biosafety Committee (IBC) prior to commencing.

7.0 LABELS AND SIGNS

7.1 LABELS

- 7.1.1 Warning labels shall be attached to containers of regulated waste, refrigerators and freezers, storage containers, and transport or shipping containers containing blood or other potentially infectious materials.
- 7.1.2 Labels shall have the orange, orange/red biohazard warning symbol on them with contrasting lettering.
- 7.1.3 Red bags or red containers may be substituted for labels.

7.2 SIGNS

- 7.2.1 Signs shall be posted at the entrance to HIV and HBV laboratories.

7.2.2 Signs must have a biohazard warning symbol, the name of the agent, special requirements for entering area, name, telephone number of the lab director or other responsible person, and be fluorescent orange/red with contrasting lettering.

7.3 All signs and labels will also comply with Ohio Infectious Waste regulations.

8.0 TRAINING

8.1 Potentially exposed staff (category I and II) will be trained prior to their initial assignment to at-risk work and annually thereafter.

8.2 Initial training will include:

1. OSHA standard for Bloodborne pathogens
2. Epidemiology and symptoms of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. Ohio University's Bloodborne Exposure Control Policy -- lines of responsibility and how the plan is implemented
5. Procedures that might cause exposure to blood or other potentially infectious materials
6. Control methods (work practices, engineering controls, safer devices, PPE, training, etc.)
7. Personal protective equipment
8. Post-exposure evaluation and follow-up
9. Signs and labels
10. Hepatitis B vaccine program
11. An opportunity for questions and answers

8.3 Annual retraining will include any adjustments made to the program in the last year, any new regulatory or technical information, and information on any new equipment or devices introduced into the workplace during the past year.

8.4 Additional training requirements for HIV and HBV laboratories.

1. Employees must demonstrate proficiency in standard microbial practices and operations specific to the facility prior to work with bloodborne pathogens.
2. Employees must have prior experience with handling human pathogens or tissue cultures prior to working with HIV and HBV.
3. Employees who have not worked with human pathogens shall be trained using initial work activities not involving human pathogens. These employees must demonstrate proficiency prior to working with human pathogens.

8.5 In addition to formal classroom training, all O.U. employers shall provide on-site training in the work setting, especially to new employees or those in new roles or using new equipment.

9.0 RECORDKEEPING

9.1 Training required by the OSHA standard.

9.1.1 Training Records shall include:

1. Dates of sessions.
2. Contents of summary of sessions.
3. Names, social security number, and job titles of all attending.
4. Names and qualifications of persons conducting training.

9.2 Training records shall be maintained by the affected department.

1. Maintain training records for three years from the date training occurred.
2. These records shall be made available to the Chief of the Department of Industrial Relations.
3. Training Records shall be provided upon request for copying to employees, employee representatives, and Chief of the Department of Industrial Relations 29 CFR 1910.20.

9.3 Employee Occupational Exposure Records shall include:

1. Name and social security number
2. Copy of staff member's Hepatitis B vaccination status and any medical records relating to the employee's ability to receive the vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. Copies of the health care professional's written opinion.
5. Copy of information provided to the health care professional or health services.

9.4 O.U. Departments shall keep such records as required by law or O.U. policy and procedure.

1. O.U. Incident/Accident Reports
2. OSHA Needlestick Logs (see Appendix F).

9.5 Confidentiality

1. Confidentiality is to be maintained. The employee's expressed written consent is required for release of any medical record to any person within or without the workplace except as required by law.
2. Other records may be public documents under the law.

9.6 Maintenance of records

1. Ohio University shall maintain medical records for at least the duration of employment plus 30 years.
2. Training records shall be maintained for at least 3 years.
3. Incident records and logs are maintained for at least 5 years.

10.0 OTHER RESOURCES AND REGULATIONS

- 10.1 Information and web resources about related topics, such as Ohio infectious waste regulations and the Ohio University Institutional Biosafety Committee (IBC), can be found in Appendix B.

11.0 ANNUAL PROGRAM REVIEW

- 11.1 The Bloodborne Pathogens Program administrator: _____ shall conduct an annual program evaluation.
- 11.2 The annual program review will include consideration of new sharps prevention products, needleless systems, safety devices, and the like as they are developed and appear on the market on a continual basis.
- 11.3 The needlestick log shall be reviewed and appropriate adjustments made to the program.
- 11.4 Non-managerial employees shall be included in evaluation of new devices for use in the workplace.

APPENDIX A

Hepatitis B Vaccination Declination

*Each employee who is offered the Hepatitis B vaccine
and declines it must sign this waiver*

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 me. I decline the Hepatitis B vaccine 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 receive the Hepatitis B vaccine, I can receive the Hepatitis B vaccine at no charge to me.

Signature

Date

APPENDIX B

RESOURCES AND REGULATIONS

Ohio EPA , Infectious Waste Regulations, OAC 3745-27 and 3745-37. Bloodborne Pathogens and other potentially infectious materials and syringes used on humans are regulated as infectious waste by OEPA.

Ohio University Institutional Biosafety Committee (Policy # 44.107). Regulates use of bloodborne pathogens and other potentially infectious material in research activities.

Blood or other infectious waste mixed with radioactive (Mixed Waste) or other "special wastes" may be regulated by NRC or others.

Call Environmental Health and Safety for assistance: 593-1666.

Web Resource:

Ohio University, Dept. of Environmental Health & Safety
<http://www.ohio.edu/ehs>

OSHA
<http://www.osha.gov/>

OSHA Bloodborne Pathogens Standard
http://www.osha-slc.gov/OshStd_data/1910_1030.html

Ohio EPA
<http://www.epa.state.oh.us./>

Ohio EPA, Division of Solid & Infectious Waste, Infectious Waste Regulations
<http://www.epa.state.oh.us/dsiwm/index.html>

EPA Registered Disinfectants
<http://ace.orst.edu/info/nain/lists.htm>

International Health care Workers Safety Center (Safety devices)
<http://www.people.virginia.edu/~epinet/products.html>

APPENDIX C

OHIO UNIVERSITY
EXPOSURE INCIDENT WORKSHEET
(Routes and Circumstances of Exposure Incident)

Please print

Employee's Name _____ Date _____

Date of Birth _____ SS# _____

Telephone # (OU) _____ (Home) _____

Job Title _____

Date of Exposure _____ Time of Exposure _____

Hepatitis B Vaccination Status _____

Location of Exposure Incident _____

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

Describe the circumstances that resulted in the exposure incident, procedures being used, and equipment or devices being used:

What body fluid(s) were you exposed to?

What was the route of exposure, e.g. mucosal contact, contact with skin, percutaneous, etc.?

Describe any personal protective equipment, devices, or systems in use at the time of exposure incident:

Did the personal protective equipment fail? _____ If "yes", how? _____

Identify the source of the body fluid _____

Other pertinent information _____

Signature _____ Date _____

Supervisor's Signature _____ Date _____

APPENDIX D

INSTRUCTIONS FOR THE EVALUATING PHYSICIAN

_____, an employee of Ohio University, may have suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the standard's provision for post-exposure medical evaluation and follow-up, this employee is seeking your evaluation. The following items are included with this form to assist you in your evaluation:

1. A copy of 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.
2. A copy of the Exposure Incident Report. Note, this report describes the exposed employee's duties related to the incident and documents the route of exposure.
3. All medical records concerning the exposed employee including vaccination status, any previous blood tests for the employee or source individual can be requested from Ohio University, Hudson Health Center or College of Osteopathic Medicine, Medical Records Department if the employee was treated at the university.

After completing the medical evaluation:

1. Inform the employee regarding medical evaluation results, and indicate any appropriate follow-up you deem necessary.
2. Complete the attached written opinion form and send a copy to:

_____, Supervisor

_____, Department

Ohio University
Athens, OH 45701

CONFIDENTIAL: MEDICAL RECORDS

The copies you send will be maintained as part of the employee's confidential medical record as defined in the Bloodborne Pathogens Standard. Employee is to receive originals of all medical records.

APPENDIX E

WRITTEN OPINION
POST-EXPOSURE MEDICAL EVALUATION

After evaluating _____, employee of Ohio University, please assure the following information has been furnished to the employee, and provide your initials besides the following statements:

_____ The employee has been informed of the results of these medical evaluations.

_____ The employee has been informed about any medical conditions resulting from the exposure incident of exposure to blood or other potentially infectious materials that require further evaluation and treatment.

All other findings or diagnoses shall remain confidential and shall not be included in this report.

Thank you for your evaluation of this employee.

_____ Physician's signature _____ Date

_____ Physician's name printed

_____ Date

This report was mailed to:

_____, Supervisor

_____, Department

Ohio University
Athens, Ohio 45701

