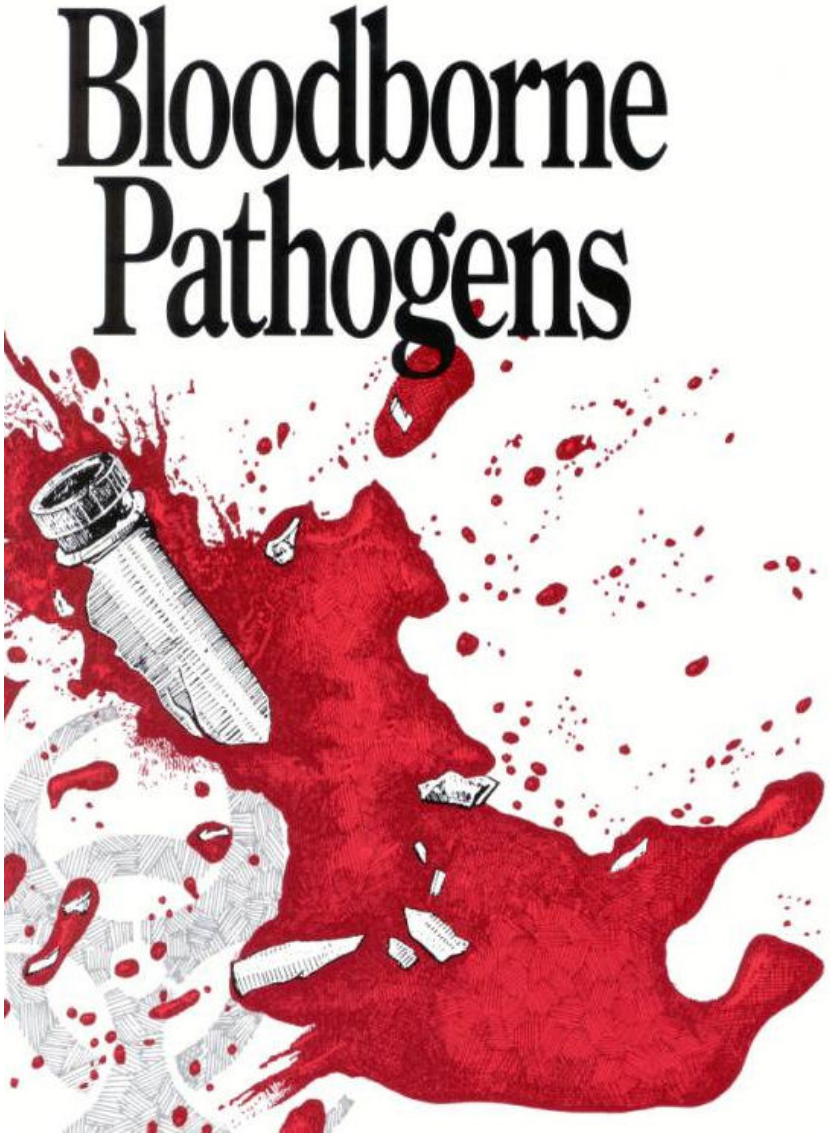
University of Southern Indiana
EXPOSURE CONTROL PLAN



Revised: September 2006
Developed in accordance with
OSHA **29 CFR 1910.1030**, Bloodborne Pathogens Standard
and **29 CFR 1910.1020**, Access to Employee Exposure and Medical Records.

UNIVERSITY OF SOUTHERN INDIANA

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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University of Southern Indiana
Bloodborne Pathogens Exposure Control Plan

Policy Purpose:
To reduce the risk of occupational exposure to bloodborne pathogens and / or other potentially infectious materials at University of Southern Indiana.

Policy Statement:
It is the policy of University of Southern Indiana to provide a safe and healthful work environment and to comply with the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030, Bloodborne Pathogens Standard. This policy establishes general procedures for full- and part-time faculty and staff for exposure determination, methods of implementation, hepatitis B vaccination, post-exposure evaluation and follow up, communications of hazards to employees and a definition of roles and responsibilities.

1.0 PURPOSE

The Bloodborne Pathogens Exposure Control Plan (ECP) serves as the standard for all full and part-time University of Southern Indiana (USI) employees who may come into contact with blood and other potentially infectious material while performing their duties. The plan informs employees of their responsibility, as well as the University's responsibility to comply with OSHA) 29 CFR 1910.1030, **Bloodborne Pathogens**. The general intent of this policy is to minimize exposure to bloodborne pathogens and to maintain a safe and healthful workplace for University employees. This policy covers all of the USI campus and off-campus educational/work sights.

1.1 Background

The Occupational Safety and Health Administration (OSHA) estimates that approximately 5.6 million workers in health care and other facilities are at risk of exposure to bloodborne pathogens such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses and other potentially infectious materials. Those workers who have occupational exposure to bloodborne pathogens include, but are not limited to nurses, physicians, dentists and other dental workers, laboratory and blood bank technologists, medical examiners, morticians, phlebotomists, emergency room personnel, intensive care and operating room nurses and technicians, orderlies, housekeeping personnel and laundry workers. Others at risk include law enforcement personnel, firefighters, paramedics, emergency technicians and anyone whose job might require providing first-response medical care in which there is a reasonable expectation of contact with blood or other potentially infectious materials.

Recognizing the need for a regulation that prescribes safeguards to protect workers against health hazards from blood and body fluids containing bloodborne pathogens, OSHA issued a final rule for ***Occupational Exposure to Bloodborne Pathogens*** in December of 1991. It is the intent of University of Southern Indiana to comply with the OSHA ***Bloodborne Pathogen Standard*** by establishing this comprehensive Exposure Control Plan which includes provisions for: exposure determination, methods of compliance, sharps injury prevention program, Hepatitis B vaccination, post-exposure evaluation and follow up, labels and signs, information and training and recordkeeping.

1.2 Objectives

The objectives of this policy are:

1.2.1 Ensure the safety and health of all employees in occupations where there is a reasonable expectation of contact with blood or other potentially infectious material.

1.2.2 Provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

1.2.3 Assure compliance with the OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030.

2.0 SCOPE

The scope of this policy pertains to all University employees who have a potential “occupational exposure” to blood or other infectious materials as defined by **Appendix 1** of this policy. This policy does **NOT** apply to University of Southern Indiana College of Nursing and Health Professions students. Bloodborne pathogen training and

information specific to health care facilities will be administered by the College's Nursing and Health Professions.

3.0 RESPONSIBILITIES

Responsibility for exposure control rests at all levels including*:*

3.1 *Chief Executive Officer:*
Director of Risk Management, who has overall responsibility for the management of the exposure control plan and must, with other administrators, provide continuing support for institutional compliance.

3.2 *Exposure Control Officer:*
Safety Manager (Environmental Health and Safety) will:

3.2.1 Work with administrators and other employees to develop and implement appropriate exposure control policies and procedures.
3.2.2 Conduct an annual exposure assessment for each employee who may have the potential of coming into contact with blood or other potentially infectious material and make a diligent effort to identify covered employees and departments within the University community.
3.2.3 Work to improve the Exposure Control Plan, as well as annually revise and update the plan as necessary.
3.2.4 Know the current legal requirements concerning bloodborne pathogens.
3.2.5 Maintain a suitable reference library on the Bloodborne Pathogen Standard and safety and health information.

3.3 *Department Managers and Supervisors:*
Responsible for exposure control in their respective area. They will work directly with the Exposure Control Officer and employees to ensure that proper exposure control procedures are followed, including, but not limited to:
3.3.1 All employees in their area who are at risk of exposure to bloodborne pathogens receive initial training (including site-specific training) and annual retraining in bloodborne pathogens as outlined in the "*Information and Training*" section of this document (**Section 15.0**);
3.3.2 Proper exposure control procedures are followed as outlined in the "*Methods of Compliance*" section of this document;
3.3.3 Appropriate personal protective equipment is available in the correct sizes and in good working condition for all employees at risk of exposure to bloodborne pathogens;
3.3.4 Any employee who experiences an occupational exposure incident to blood or other potentially infectious materials is provided with post-exposure medical services as outlined in the "*Post-Exposure Evaluation and Follow Up*" section of this document (**Section 12.2**).

3.4 *Employees are responsible for, but not limited to:*
3.4.1 Demonstrating an understanding of which tasks they perform have a potential occupational exposure to bloodborne pathogens;
3.4.2 Attending bloodborne pathogen training sessions annually;
3.4.3 Planning and conducting all operations in accordance with work practice controls;
3.4.4 Practicing good personal hygiene habits;
3.4.5 Accepting or declining the Hepatitis B vaccination, which is provided to the employee at no cost;
3.4.6 Following universal precautions; and,
3.4.7 Reporting all occupational exposure incidents.

4.0 AVAILABILITY OF EXPOSURE CONTROL PLAN

The ECP will be made available to USI employees at any time either via USI's Bloodborne Pathogens web site (**http://www.usi.edu/RiskMgt/**) or through their departmental supervisor. Employees will be advised of the availability during their training sessions. A copy of the ECP will always be accessible in Environmental Health and Safety or by calling 461-5393). USI will ensure that a copy of the plan is accessible to employees in accordance with 29 CFR 1910.1020 (e), *Access to Employee Exposure and Medical Records* (refer to **Appendix 2**). Also, the ECP will be made available to OSHA's assistant secretary and director upon request for examination and copying.

5.0 REVIEW AND UPDATE OF THE PLAN

The ECP will be reviewed annually by Environmental Health and Safety for the purpose of updating changes;

whenever necessary to reflect new or modified tasks or procedures which affect occupational exposure; to reflect new or revised employee positions with occupational exposure; to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and, to document annually the consideration and implementation of appropriate commercially available and safer medical devices designed to effectively eliminate or minimize occupational exposure.

6.0 EXPOSURE DETERMINATION

All USI employees who, as a result of performing their job duties, must engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated are considered to have occupational exposure. EHS determined which job classifications include potential exposure to bloodborne pathogens through evaluation of job descriptions and interviews with employees. Exposure determination is made without regard to the use of personal protective equipment. Information regarding job classifications, which are covered by the provisions of the ECP, will be updated annually based on information received from affected departments. The exposure determination contains the following lists:

6.1 A list of all job classifications in which **all** employees have occupational exposure are located in **Appendix 3**.

6.2 A list of all job classifications in which **some** employees may have specific required routine or non-routine job tasks that result in occupational exposure and a list of all tasks and procedures in which occupational exposure may occur can be found in **Appendix 4**.

6.3 Exposure control officers will complete an annual exposure assessment of employees that engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated.

Note: If a supervisor has an employee who has a reasonably anticipated risk of bloodborne pathogen exposure but the employee's job classification is not included on either Appendix 3 or 4, the supervisor should notify Environmental Health and Safety (812 461-5393) as soon as possible.

7.0 METHODS OF COMPLIANCE AND IMPLEMENTATION

7.1 Universal Precautions

Universal Precautions will be observed at all times to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of perceived status of the source individual.

7.2 Engineering Controls

7.2.1 Engineering and work practice controls will be used to eliminate or minimize employee exposure. Where occupational exposure remains after implementation of these controls, personal protective equipment will also be used.

7.2.2 Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

7.2.3 The engineering control listed below will be provided, and will be examined, maintained or replaced periodically to ensure their effectiveness:

7.2.3.1 Safer Medical Devices. These devices should be used, where appropriate, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

7.2.3.2 Sharps Containers. Where sharps are stored, handled or reasonably anticipated to be encountered, sharps containers will be made available. Approved sharps containers are designed to isolate the cut or puncture hazards associated with handling sharp items such as needles, scalpels, etc. These containers will meet the following criteria:

- closable;
- puncture resistant;
- leak proof on sides and bottom; and
- properly marked.

Sharps containers must also be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. They must be maintained upright throughout use and replaced routinely and not allowed to overfill.

Containers for reusable sharps must meet the same requirements as containers for disposable sharps, with the exception that they are not required to be closable. Reusable sharps will not be stored or processed in a manner that requires reaching into containers of contaminated sharps.

Departments are responsible for the purchase of approved sharps containers. Food containers such as coffee cans should not be used to dispose of contaminated sharp objects. Refer to section 10.0 for disposal guidelines for sharps containers.

7.2.3.3 Hand washing facilities. These facilities should be readily accessible to all employees who have a potential for exposure. Waterless antiseptic hand cleansers or antiseptic towelettes must be available to employees at risk of exposure if running water is not readily available. If waterless cleansers or towelettes must be used, the employee must follow up with a soap and water solution as soon as possible.

7.2.3.4 Emergency eye wash stations. These stations are located in most laboratories where employees perform tasks that produce splashes of potentially infectious materials. Eyewash stations should meet the following American National Standard Institute (ANSI) requirements:

- Provide at least 0.4 gallons of water per minute for 15 continuous minutes, flushing both eyes simultaneously with hands free to hold eyes open.
- Eye wash facilities must not exceed 95-psi (pounds per square inch) water flow pressure.
- It is recommended that the eye wash facility be flushed on a regular basis. A log documenting the recommended weekly five-minute flush is encouraged.

Specifications for eyewash stations can be found in the USI Chemical Hygiene Plan and must be adhered to in areas where hazardous chemicals are used.

7.2.3.5 Storage and/or transport containers. These containers are used to reduce the potential for an environmental release of potentially infectious materials. Primary containers should be designed to be leak proof, puncture resistant and capable of being closed. Single primary containers used for potentially infectious materials should be labeled with the biohazard symbol. Containers of blood, blood components or blood products that are labeled as to their contents and that have been released for transfusion or other clinical use are exempted from these labeling requirements. If multiple primary containers are stored in a secondary container (such as a rack of specimen tubes contained in a cooler for transport), only the secondary container must be labeled with the biohazard symbol. Secondary containers are used for additional protection against an environmental release and therefore must be leak proof, puncture resistant and capable of being closed. Labeling of the secondary container with emergency contact information is required. Use of secondary containers is required for any transportation or long-term storage of all potentially infectious materials.

7.2.3.6 Proper use of secondary containers for shipment of potentially infectious materials to destinations off campus is essential. A minimal system includes a primary container as previously described, enclosed in a secondary container that contains enough shock resistant, absorbent material to accommodate the contents of the primary container. The secondary container must then be placed in an appropriate shipping container that is labeled in accordance with applicable shipping regulations. For more information and assistance regarding packaging of potentially infectious materials for off campus shipment, contact EHS at 812 461-5393. Also, ensure that you have received the proper training needed for shipping infectious materials. Any questions should be directed to EHS.

7.2.3.7 Autoclaves. Autoclaves are available in a few departments to decontaminate solid biohazardous waste. These departments will monitor this equipment to assure that proper sterilization occurs. Proper instrumentation will be used to verify that time, temperature and steam are adequate. In addition, the departments will provide an annual check of all autoclaves on campus which are used for decontaminating biological wastes.

7.3 Work Practice Controls

Supervisors, working in conjunction with deans, directors, chairpersons or designees will oversee the implementation of work practice controls in cooperation with USI. The following work practice controls are to be implemented: The employees must adhere to the following work practices when using personal protective equipment:

7.3.1 Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

7.3.2 Employees will wash their hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of body areas with blood or other potentially infectious materials.

7.3.3 Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

7.3.4 Food and drink will not be kept in refrigerators, freezers, shelves and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

7.3.5 All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

7.3.6 Mouth pipetting / suctioning of blood or other infectious materials is prohibited.

7.3.7 Contaminated needles and other contaminated sharps will not be bent, recapped or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical or dental procedure. Shearing or breaking of contaminated needles is prohibited.

7.3.8 Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

7.3.9 Contaminated sharps must be placed in appropriate containers immediately, or as soon as possible after use.

7.3.10 Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

7.3.11 Any container holding potentially infectious materials used for storage, transport or shipping will be labeled as "biohazard."

7.3.12 If outside contamination of the primary container occurs, the primary container will be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping and is labeled as “biohazard.”

7.3.13 If the specimen could puncture the primary container, the primary container will be placed within a secondary container that is puncture resistant in addition to the characteristics in *section 7.2.3.5*.

7.3.14 All specimens of blood or OPIM will be treated as biohazardous material.

7.3.15 Equipment, which may become contaminated with blood or other potentially infectious materials, will be examined prior to servicing or shipping and will be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.

7.3.16 A readily observable label with fluorescent orange or orange red with lettering and a biohazard symbol in a contrasting color will be attached to the equipment stating which portions remain contaminated.

7.3.17 Supervisors or designee will ensure that this information is conveyed to all affected employees, the servicing representative, and / or the manufacturer, as appropriate, prior to handling, servicing or shipping so that appropriate precautions will be taken.

7.3.18 All personal protective equipment must be inspected prior to use to verify that it is in good condition.

7.3.19 If garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as feasible. These garments are to be collected in biohazard bags and decontaminated by an appropriate laundry service provider that is selected by the department.

7.3.20 All personal protective equipment will be removed prior to leaving the work area.

7.3.21 When personal protective equipment is removed, it will be placed in an appropriately designated area or container for storage, decontamination or disposal.

7.3.22 Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin when handling or touching contaminated items or surfaces.

7.3.23 Disposable (single use) gloves such as surgical or examination gloves will be replaced as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.

7.3.24 Disposable (single use) gloves will not be washed or decontaminated for re-use.

7.3.25 Discard utility gloves once they become contaminated or if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

When a new employee is hired or an employee changes jobs, the supervisor or designee, must ensure the proper determination of the bloodborne pathogen risk associated with an employee’s job classification. This includes:

- checking the employee's job classification and the tasks and procedures that he/she will perform against the Job Classifications and Task List (**Appendix 3** and **4**) which are identified in the ECP as those in which occupational exposure can occur;
- checking the job classifications and tasks/procedures pertaining to the employees previous position against these lists;

- identifying the new job classifications and/or tasks and procedures which will potentially expose the employee to blood or other potentially infectious materials;
- providing on site training regarding work practice controls;
- informing EHS (812 461-5393) so records may be updated.

7.4 Personal Protective Equipment

Personal protective equipment in appropriate sizes is readily available to and provided at no cost to employees with occupational exposure to bloodborne pathogens or other potentially infectious materials. All personal protective equipment is assigned based on the task assessment which does not allow blood or other potentially infectious materials to pass through to or otherwise reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the time that the protective equipment is used.

7.4.1 Provision. Personal protective equipment is considered to be "appropriate" only if it does not permit blood or other potentially infectious material to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

7.4.2 Use. Department managers, supervisors or designated personnel will ensure that an employee uses appropriate personal protective equipment unless he/she shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance the use of PPE would have:

• prevented the delivery of health care or public safety services or

• would have posed an increased hazard to the safety of the worker or co-worker

When the employee makes this judgment, the circumstances will be investigated and documented to determine if changes can be made to prevent future occurrences.

7.4.3 Accessibility. The department manager, supervisor or designee will ensure that all work areas have appropriate personal protective equipment available to employees and provided at no cost to the employee. Hypoallergenic gloves, glove liners, powderless gloves, non-latex gloves or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

- Facilities personnel will obtain personal protective equipment from their supervisor and / or Physical Plant store room.
- Environmental Health and Safety personnel will obtain personal protective equipment from their safety manager or Procurement.
- USI Student Health employees will obtain personal protective equipment from their department supervisor.
- Laboratory personnel will obtain personal protective equipment from their laboratory.
- Athletic Trainers will obtain personal protective equipment from their department.
- University Security will obtain personal protective equipment from their department.

7.4.4 Cleaning, Laundering and Disposal. Refer to section *7.5 Housekeeping* for cleaning contaminated surfaces and proper disposal of biohazardous materials. Each department is responsible for establishing laundering procedures for contaminated clothing.

7.4.5 Repair and Replacement. Each department manager or supervisor will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

7.4.6 Mouthpieces, Pocket Masks or Ventilation Devices. Any of these items used for resuscitation purposes will be available to employees who may have to administer CPR to a victim.

7.4.7 Masks, Eye Protection and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, will be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

7.4.8 Gowns, Aprons and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

7.4.9 Surgical Caps or Hoods and/or Shoe Covers. Surgical caps or hoods and/or shoe covers or boots will be worn in instances when gross contamination can reasonably be anticipated.

7.4.10 Risk Management, in coordination with the department manager or supervisor, will conduct an annual exposure assessment which will determine if an employee is properly using / wearing personal protective equipment.

7.5 Housekeeping

All worksites where there is an occupational exposure to blood or other potentially infectious materials will be maintained in a clean and sanitary condition. Departments and Units, together with General Services or other assigned employees must do the following:

7.5.1 Clean and decontaminate all equipment and working surfaces after contact with blood or other potentially infectious materials.

7.5.2 Gross contamination must be removed before decontaminating to ensure the disinfectant is completely effective.

7.5.3 Cleaning and decontamination with an appropriate disinfectant should be performed:
- After the completion of procedures;
- Immediately (or as soon as feasible) when surfaces become contaminated;
- After any spill of blood or other potentially infectious materials;
- At the end of the work shift, especially if the surface may have become contaminated during that shift.

7.5.4 Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as possible when they become contaminated or at the end of the work shift if they have the potential to become contaminated during the shift.

7.5.5 Routinely inspect, clean and properly decontaminate immediately or as soon as possible upon visible contamination of all bins, pails, cans and similar receptacles intended for reuse.

7.5.6 Pick up potentially contaminated broken glassware using mechanical means (i.e., a brush and dustpan, tongs or forceps) and dispose of in an appropriate sharps container. Do not pick up these items directly with your hands.

7.5.7 Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

7.5.8 Equipment that has become contaminated must be examined prior to servicing or shipping. If it can be demonstrated that decontamination is not possible, then the following steps need to be taken:
- A biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions;
- All affected employees, the equipment manufacturer and the equipment service representative, are informed of remaining contamination prior to handling, servicing or shipping.

7.6 Regulated Waste

7.6.1 *Contaminated Waste*. Contaminated waste (gloves, gauze, etc.) will be placed in designated trash cans / infectious waste cartons with a red plastic bag labeled "**infectious waste**" or "**biohazardous waste**." If the outside of an infectious waste bag becomes contaminated or torn, the first bag must be placed inside a second infectious waste bag before transport.

7.6.2 *Residence Hall Regulated Waste Program*. Residence hall residents that use needles for medical reasons will have access to biohazard boxes from USI Student Health Center at no cost to the resident. Once the biohazard boxes are full, the resident (student) must return the box to Student Health Center for proper disposal.

7.6.3 *Contaminated Sharps Discarding & Containment and Other Regulated Waste Containment.*

7.6.3.1 Contaminated sharps will be discarded immediately or as soon as possible in containers that are:
- Closable;
- Puncture resistant;
- Leakproof on sides and bottom; and
- Labeled with the biohazard symbol/wording or red/orange "color coded."

7.6.3.2 During use, containers for contaminated sharps will be:
- Easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found;
- Maintained upright throughout use; and
- Replaced routinely and not allowed to overfill.

7.6.3.3 When removing containers of contaminated sharps or other regulated waste containment from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping;

7.6.3.4 Placed in secondary container if leakage is possible or if outside contamination of the regulated waste container occurs. The second container will be:
- Closable;

- Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping; and
- Labeled with the biohazard symbol/wording or red orange “color coded.”

7.6.3.4 Reusable containers will not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

7.6.4 *Infectious Waste Disposal Regulations*. Disposal of all regulated waste is in accordance with federal and local medical waste regulations.

7.6.5 *Contaminated Laundry.* Employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

- Contaminated laundry will be handled as little as possible with a minimum of agitation.
- Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use.
- Contaminated laundry will be placed in plastic leak-proof laundry bags, which have been tied at the top and labeled with a **biohazard** sign or label.
- Whenever contaminated laundry is wet and presents the possibility of soak through of or leakage from the bag or container, the laundry will be placed and transported in bags and containers which prevent soak through and / or leakage of fluids to the exterior.
- All facilities that receive USI contaminated laundry will observe universal precautions.

8.0 SHARPS INJURY PREVENTION PROGRAM

Supervisors of all departments who have employees with occupational exposure to bloodborne pathogens must consider and, where appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

Supervisors must implement the safer medical devices that are appropriate, commercially available and effective. An appropriate safer medical device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

Supervisors must establish a program for evaluating sharps with safety devices designed to eliminate or minimize occupational exposure. This program should include an identification process, an evaluation process and a selection process.

8.1 Identification Process:

- All sharp devices that have available products with safer engineering features will be identified, evaluated and selected.

8.2 Evaluation Process:

- Evaluation of the safer sharps devices must be documented on the *Safety Needle/Sharps Evaluation Form*. Refer to **Appendix 5**.
- Supervisors alone cannot identify, evaluate and select the safer sharps devices; supervisors must choose members of non-managerial employees who perform tasks with sharps exposure risks to be involved in this process.
- Supervisors must determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product.
- Supervisors will ensure that visual instructions and a demonstration of the proper use of each device is provided.
- Supervisors will review the instructions and rating system on the evaluation form with each evaluator.
- Supervisors should encourage each evaluator to comment on the forms. This will provide a useful decision making tool.
- Supervisors will send (or fax) one copy of the completed evaluation forms to USI, and retain the original forms for their records (Send forms to: Administrative Services Annex North ATTN: Exposure Control Officer or fax to 812 461-5393.

Once the evaluation process is complete and the safer sharp device has been chosen, supervisors must implement use of the safer sharps devices as soon as possible. If safer sharps devices are currently in use, the evaluation process must still be completed.

NOTE: For information on safer sharps devices and manufacturers, please contact EHS at 812 461-5393.

9.0 BIOHAZARDOUS SPILL RESPONSE AND CLEAN UP

A biohazardous spill (including infectious waste) occurs anytime there is an unplanned release of potentially infectious material into the work environment. Proper response to these incidents can ensure personnel and community safety while eliminating environmental contamination. In order for a biohazardous spill response to be

effective and safe for the campus community, affected work groups must:

- Implement a spill response procedure for their work environment;
- Assure that spill cleanup materials are available for use;
- Assure that all personnel are trained in the provisions of the spill response procedure.

9.1 Biohazardous Spill Kits

Each work group that has a potential for a biohazardous spill or spill response should have sufficient and appropriate spill cleanup materials available to respond to the largest anticipated spill for that area. The basic items that should be included in a kit are:

Gloves: nitrile or latex (multiple pairs)
Splash goggles
Absorbent material (a product containing a disinfectant is preferred, i.e. ChloraSorb)
Absorbent towels
Disinfectant (EPA registered tuberculocidal product or a product effective for destruction of HIV and hepatitis B virus and anthrax, i.e. Clorox Bleach)
Mechanical tools (i.e. forceps, dustpan, plastic scrapers)
Biohazard bags

Additional items may include: a full-face respirator with particulate cartridges, N-95 respirator, Tyvek® suits or a fluid resistant smock to protect street clothes and a sharps container if contaminated sharps may be present.
NOTE*: Spill kits designed for cleaning up small potentially infectious spills are available through lab safety catalogs. If you have any questions or concerns, EHS will assist you in determining the most appropriate kit for the type of cleanup in which you may respond.*

9.2 Biohazardous Spill Clean Up Procedure

This protocol is for smaller quantities (less than 10 milliliters or barely enough material to flow) of low risk materials and minimal risk to humans.
This procedure is applicable to spills on a nonporous surface such as a tile floor or concrete floor.

1. Notify others working in the area of the hazard present. Notify your supervisor or principal investigator, if available, so that he/she may supervise and assist with response if needed.
2. Gather all necessary spill materials and review spill procedure before proceeding with cleanup.
3. At a minimum, wear gloves and eye protection (safety goggles) for spill cleanup activities.
4. If applicable, using mechanical means, pick up any contaminated sharp items (needles, broken glass, etc.) and place them in an approved sharps container for disposal.
5. Cover the spill with an absorbent material (e.g. ChloraSorb, SSS Clean-up Powder).
6. If the absorbent material does not contain a disinfectant, spray the absorbent material with an appropriate disinfectant.
7. Remove the absorbent material by using a mechanical means (i.e. dustpan and broom, plastic scrapers) and deposit it along with the mechanical tool into a biohazard bag.
8. Spray the spill area with disinfectant and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
9. Remove residual disinfectant with paper towels. Dispose of the towels in the biohazard bag.
10. Spray the spill area again and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions) for full disinfection.
11. Remove residual disinfectant with paper towels. Dispose of the towels in the biohazard bag.
12. Remove your gloves and place them in the biohazard bag for disposal. Close the bag and place it in a biohazardous waste receptacle or contact EHS for assistance with disposal. **Remember**: *Wash your hands after glove removal*!!
13. Return spill materials/spill kit to designated location. Notify others in the work area that the spill cleanup is complete.

Treatment of contaminated items (solid, non-porous items such as glassware, kitchen equipment, etc.):

1. Spray the item with disinfectant and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
2. Remove the contamination by wiping down the item with a paper towel.
3. Reapply the disinfectant and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
4. Remove excess disinfectant with a paper towel and allow to air dry.
5. If the treated surface is one that people will come in contact with (such as a toilet, faucet handles, etc.), assure that ALL disinfectant is removed from the item. Most disinfectants are corrosive and can cause irritation if they come in contact with the skin.

Treatment of contaminated items (porous surfaces such as fabric items):

- If the item is university-owned (such as a lab coat, sheets, etc.) or a personal item and is heavily contaminated, contain it in a biohazard bag and request laundering procedures from your supervisor.
- In some situations, it may not be appropriate for personnel to clean up a biohazardous spill. This may be the case if:
- An employee has not received training in biohazardous spill cleanup;
- Appropriate spill materials are not available;
- The spill is a combined hazard spill (i.e. radiation and biohazard or chemical and biohazard);
- The spill is too large to be handled by USI personnel.

In these situations, personnel should take the following primary response steps:

1. Notify others in the work area of the spill;
2. Close off the area where the spill is located;
3. Contact University Security 812 464-1845. Security will notify EHS to summons the outside environmental company.
4. Keep others out of the spill area until responders arrive and the spill hazard is removed.

NOTE*: Any department that has a potential for a spill or spill response of potentially infectious materials should have a spill response procedure and materials available for use.*

Generally, a spill ***greater than 1 liter*** will require outside assistance for clean up. However, each situation should be evaluated on a case-by-case basis. Factors to be considered in determining in-house spill clean up versus outside assistance would include: amount of surface area contaminated, type of surface (i.e., porous or vinyl), volume of material and the source (i.e., crime scene, injured person).

9.2.1 Indoor Spill

Housekeeping personnel have the necessary training and the capabilities of cleaning and decontaminating indoor biohazard spills.

9.2.2 Outdoor Spill

The Grounds personnel have the necessary training and the capabilities of cleaning and decontaminating outdoor biohazard spills.

9.2.3 Spill Beyond Our Control (greater than 1 liter and/or circumstances)

USI holds a contract with an outside environmental company to respond to biohazard spills. Coordinate efforts through Environmental Health and Safety.

10.0 DISPOSAL GUIDELINES FOR SHARPS, GLASS & BIOHAZARDOUS MATERIALS

Infectious waste boxes are the cardboard boxes with the red plastic liners and biohazard label that are used for the disposal of research materials that are contaminated with hazardous biological agents or chemicals. These agents/chemicals include but are not limited to: tissue samples, animal cadavers, animal organs, slides, broken lab glassware, absorbent pads and small quantities of chemicals. Sharps must be collected in the red puncture-resistant collection containers. The sharps collection boxes are purchased through each department. Outlined below are the disposal instructions to be followed:

All sharps must be placed in a red puncture resistant collection container inside of the red lined bag which is placed inside of the infectious waste box.

Do not pour liquids in the boxes or over pack -- weight limit is 40 lbs.

Use only the biohazard boxes provided.

- Do not use for disposal of non-hazardous material; the boxes are expensive

When the infectious waste box is ready for disposal:

- Label the box with the building name and lab room #.
- Seal the plastic liner, NOT the cardboard top.
- Contact Physical Plant Administrative Assistant (464-1782) or the Housekeeping Supervisor (465-7111) who will contact our current vendor (Stericycle (800) 264-9218) for pick

Any questions regarding these procedures, please contact EHS at 812 461-5393.

11.0 HIV and HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

USI does not have HIV or HBV research laboratories or production facilities that are engaged in the culture, production, concentration, experimentation and manipulation of HIV and HBV as defined by this standard. The ECP will be modified to meet these requirements if the research status changes on the university side. These special requirements for HIV or HBV research laboratories do not apply to clinical or diagnostic laboratories that are engaged solely in the analysis of blood, tissues or organs.

For any questions regarding HIV and HBV research facilities and laboratories contact the Environmental Health and Safety (EHS) at 812 461-5393.

12.0 HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW UP

Hepatitis B vaccine and vaccination series is available to all employees who may have an occupational exposure, and post-exposure evaluation and follow up to all employees who have had an exposure incident.

All medical evaluations and procedures including the hepatitis B vaccine, the vaccination series, and the post-exposure evaluation and follow up, including prophylaxis, are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and,
- Provided according to the recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

12.1 Hepatitis B Vaccination

University of Southern Indiana has implemented a vaccination program through USI Student Health Center. This program is offered at no cost to all employees who have occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. At the time of the bloodborne pathogens training, employees will receive information regarding the vaccination program. They will also receive a vaccination acceptance or declination form to be completed and returned to Environmental Health and Safety (Administrative Services Annex North). The bloodborne pathogens standard requires that Hepatitis B vaccine be made available within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination.

Employees who decline to accept the hepatitis B vaccination are required to sign a declination statement, which will be kept on file in Environmental Health and Safety. The declination statement is included in the “Hepatitis B Vaccination Kit” (**Appendix 6**). An employee that initially declines the hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employee will be given the Hepatitis B vaccination at that time and at no cost. Please notify EHS that you will be accepting the vaccination series (812-461-5393). Employees will make their own appointments with Student Health Center (812 461-2650). Employees should take the “Hepatitis B Vaccination Kit” with them to their appointment and present to the physician (**Appendix 6**). USI Student Health Center will document each injection and the vaccine titer results on the Hepatitis B Vaccination Injection form for each patient. Once the form is complete, Student Health Center will send the original to EHS to be maintained in the Bloodborne Pathogens file. May 1st of each year, EHS will request from Student Health Center copies of the Hepatitis B Vaccination Injection forms. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available to affected employees at no cost and in accordance with the provisions of **Section 12.0**.

12.2 Post-exposure Evaluation and Follow up

Post-exposure evaluation and follow up are to be provided to employees. Following any exposure incident, the exposed employee will immediately report to a local hospital Emergency Room after the incident occurs for a confidential medical evaluation and follow up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

- Identification and documentation of the source individual, unless the identification is not possible or prohibited by state or local law;
    - If possible, the source individual's blood will be tested to determine HBV and HIV infectivity (after consent is obtained). If consent is not obtained it will be established that legally required consent cannot be obtained.
    - When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status does not need to be repeated.
    - The results of the source individual's testing will be made available to the exposed employee and the employee will be informed of the applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.
- Collection and testing of blood for HBV and HIV serological status;
    - The exposed employee's blood will be collected as soon as possible and tested after consent is obtained.
    - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee decides to have the baseline sample tested, such testing will be conducted as soon as possible.
- Post-exposure prophylaxis, when medically indicated (as recommended by the U.S. Public Health Service);
- Counseling; and
- Evaluation of reported illnesses

.

Prompt notification of the incident ensures that the exposed employee receives medical consultation and treatment (if required) as expeditiously as possible.

Upon presenting for evaluation, the employee will give the physician the "Post-exposure Evaluation and Follow-Up Form" -Form EHS-3/BBP-found in the *Bloodborne Pathogens Exposure Incident Reporting K*it (**Appendix 7**). This information may be obtained from the employee's supervisor, department manager, EHS, or via Risk Management's website. Website access will be discussed during employee training. The instructions for the physician describe the requirements of 29 CFR 1910.1030 and instruct the physician to complete the *Healthcare Professional's Written Opinion* statement. This statement along with a copy of the evaluation results are to be returned by the physician to Environmental Health and Safety. The department to which the employee is assigned will maintain a copy of the *Healthcare Professional's Written Opinion*, while Environmental Health and Safety will provide a copy to the employee within 15 days of the completion of the evaluation. The evaluation results will become a part of the employee's confidential medical record maintained in Environmental Health and Safety.

Following these procedures, an appointment with a qualified health care professional will be arranged for the exposed employee to discuss the employee's medical status. This includes an evaluation of any reported illness, as well as any recommended treatment.

12.3 Information Provided to the Healthcare Professional

12.3.1 Hepatitis B Vaccination. A copy of OSHA's Bloodborne Pathogens standard, 29 CFR 1910.1030, will be provided to USI Student Health Center as part of the employee's "Hepatitis B Vaccination Kit." The standard is provided as part of this packet to ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is knowledgeable of the requirements of the regulation.

12.3.2 Post-Exposure Evaluation. As part of the "Bloodborne Pathogens Exposure Incident Reporting Kit," USI will provide the healthcare professional evaluating the employee with the following information:

- A copy of the Bloodborne Pathogens standard (29 CFR 1910.1030);
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and,
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

The Exposure Control Officer or designee will provide *Bloodborne Pathogens Exposure Incident Reporting Kit* (**Appendix 7**) to each departmental supervisor to distribute to the employees assigned duties discussed in **Section 6.0**.

12.4 Exposure Incident Accident Reporting

Following a report of an exposure incident, the supervisor of the exposed employee will complete a confidential "Exposure Incident Investigation Form" (Form EHS-1/BBP) located in the *Bloodborne Pathogens Exposure Incident Reporting Kit* (**Appendix 7**). The exposure incident follow-up includes documentation of the route(s) of exposure, the circumstances under which the exposure incident occurred and identification and documentation of the source individual, unless identification is not possible. The form may be obtained from EHS (812 461-5393) or via ORM's website under the Accident Reporting link (http://www.usi.edu/riskmgt/PDF/bbp-appendix7USI.pdf). Complete forms must be returned to EHS as soon as possible.

12.5 Healthcare Professional's Written Opinion

The exposed employee will be provided with a copy of the evaluating health care professional's written opinion within **15 days** of the completion of the evaluation. The written opinion will include:

- whether the hepatitis B vaccination is indicated for an employee;
- if the employee has received the vaccination;
- the employees results of the evaluation;
- and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

12.6 Medical Recordkeeping

Medical records will be maintained in accordance with **Section 17.1** of this plan.

13.0 EVALUATION OF CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

13.1 Evaluation of circumstances surrounding an exposure incident will be completed by Environmental Health and Safety or designee. The evaluation will consist of at least:

13.1.1 A review of the Exposure Incident Reporting Form completed by the supervisor;

13.1.2 Documentation regarding a plan to reduce the likelihood of a future similar exposure incident;

13.1.3 Notification to the exposed employee's department and discussion of any similar incidents and planned precautions; and.

13.1.4 Completion of the "Sharps Injury Log" **(Appendix 8)**.

13.2 Such reports will be maintained in Environmental Health and Safety, and a copy is to be sent to the department where the employee is assigned. Environmental Health and Safety will review these reports on a periodic basis so that reported information can be considered in the review and update of the plan.

14.0 COMMUNICATION OF HAZARDS TO EMPLOYEES

*14.*1 *Labels*

Biohazard labels (**Appendix 9**) consist of a red or fluorescent orange colored background with the traditional biohazard symbol in a contrasting color. Labels must be affixed as close as possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. The following items must be labeled:

- Containers of regulated waste;
- Refrigerators, freezers, incubator, or other equipment containing blood or other potentially infectious materials;
- Sharps disposal containers;
- Containers used to store, transport or ship blood and other potentially infectious materials. When a secondary container holds a number of smaller items containing the same potentially infectious substance, only the secondary container needs to be labeled. All employees handling these containers will be informed of their contents and the need to use universal precautions when handling such items. Items that are transported or shipped need to comply with local and federal regulations. Please contact EHS (812 461-5393) for training on shipping and transporting infectious items.
- Laundry bags/containers holding contaminated items. Laundry may be placed in a red hamper without a label, a red laundry bag, or a biohazard bag. Employees handling laundry will be informed of the potential for contamination and/or infectivity of red laundry bags and
- Contaminated equipment.

The following are items that are exempt from labeling:

- 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;
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal; and,
- Regulated waste that has been decontaminated.

14.2 Signs

Biohazard signs, consisting of a red or fluorescent orange colored background with the traditional biohazard symbol in a contrasting color, must be posted at entrances to any Biosafety Level 2 (or higher) laboratory.

15.0 INFORMATION AND TRAINING

15.1 Training Overview

Department managers and supervisors in conjunction with Environmental Health and Safety will ensure that all employees with occupational exposure participate in a training program which is provided at no cost to the employee and will be performed during working hours.

USI employees will receive training on the Occupational Safety and Health Administration's **Bloodborne Pathogen Standard** from knowledgeable trainers as follows:

- At the time of their initial employment to tasks where occupational exposure may occur;
- At least annually thereafter (annual training will be provided within at least one year of their previous date); and,
- Additional training will be provided to employees when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

15.2 Training Program

The Bloodborne Pathogen Standard training includes the following components:

- An explanation of the contents of the **Bloodborne Pathogens Standard** and where it can be located at the University;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission for bloodborne pathogens;
- An explanation of USI's Bloodborne Pathogens Exposure Control Plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
- Information on the types, proper uses, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow up that will be made available;
- Information on the post-exposure evaluation and follow-up of that incident;
- An explanation of the biohazard signs and labels; and,
- An opportunity for interactive questions and answers with the person conducting the training session.

15.3 Training Outline

- General Overview of OSHA's Bloodborne Pathogens Standard (***29 CFR 1910.1030***)

    - Where to obtain a copy of the BBP Standard
  - Who is at risk?
  - Types of bloodborne diseases
    - HIV Infection and AIDS
    - Hepatitis B Viral Infection
    - Hepatitis C Viral Infection

- Transmission of Bloodborne Diseases
- *Requirements of Standard (USI's Exposure Control Plan*)
    - How to obtain a written copy
    - Exposure determination
    - Methods of compliance
      - Engineering controls and work practices
      - Provide personal protective equipment
      - Housekeeping
      - Exposure procedures
      - Post-exposure evaluation and follow up
      - Offer Hepatitis B Vaccine to employees
      - Communicate hazards to employees
        - Labels and signs
        - Information and training
      - Provide employee information and training
      - Offer interactive questions and answers
  - Specific recordkeeping guidelines
    - Medical records
    - Training records

15.4 Training Certification

All affected USI employees who receive the required Bloodborne Pathogens training must, upon completion, have a signed and dated verification on file with Environmental Health and Safety (**Appendix 10**). Each affected employee must also have in their personnel file a signed and dated Employee Consent / Declination Form for the Hepatitis B Vaccination found in the "Hepatitis B Vaccination Kit" (**Appendix 6**).

16.0 SHARPS INJURY LOG

Environmental Health and Safety will establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. **Appendix 8** contains the Sharps Injury Log. According to 29 CFR 1904.6, *Recording and Reporting Occupational Injuries and Illness (Retention of Records)*, this log will be maintained for five years following the end of the year to which the incident occurred.

17.0 RECORDKEEPING

17.1 Medical Records

Medical records will be maintained for each employee with occupational exposure in Environmental Health and Safety. Such records are maintained in accordance with 29 CFR 1910.1020, *Access to Employee Medical Records and Information*, and are kept confidential. The records will include:

- The employee's name and social security number;
- A copy of the employee's HBV vaccination status including dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination;
- Copies of medical examinations, tests and follow-up procedures;
- The healthcare professional's written opinion;
- A copy of the information provided to the healthcare professional;
- Records will be maintained for at least the duration of employment plus 30 years;
- and employee medical records will be kept confidential in accordance with 29 CFR 1910.1020 and not disclosed or reported without the employee's express written consent to any person within or outside of the workplace except as may be required by law.

17.2 Training Records

Environmental Health and Safety will maintain training records for three years from the date on which the training

occurred. USI will comply with the requirements of 29 CFR 1910.1020 (h) involving any transfer of records. Exposure incident records will remain at the department where the employee was assigned when the incident occurred and in Environmental Health and Safety. The employee may request and receive a copy of such records when transferring to another department or job. Training records will include:

- Date of training session;
- Contents or summary of the training session;
- Name and qualifications of persons conducting training; and
- Names and job titles of persons attending training.

17.3 Availability

17.3.1 All Records. All employee records will be made available upon request to OSHA's assistant secretary and director for examination and copying.

17.3.2 Training Records. Employee's training records will be made available upon request for examining and copying to the employee, a representative of the employee, to the Director of OSHA, and OSHA's Assistant Secretary.

17.3.3 Medical Records. Employee medical records will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the director, and to the assistant secretary in accordance with 29 CFR 1910.1020, *Access to Employee Exposure and Medical Records*.

18.0 CONTRACT SERVICES

Companies contracting services to USI, that involve employee exposure to bloodborne pathogens, must have their own exposure control plan. Contractors must train their employees in accordance with OSHA regulations including information that is specific to job duties at USI.

19.0 EFFECTIVE DATE

This standard became effective on March 6, 1992.

20.0 REFERENCES

• 29 CFR 1910.1030, Bloodborne Pathogens.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051&p_text_version=FALSE

• 29 CFR 1910.1020, Access to Employee Exposure and Medical Records.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027&p_text_version=FALSE

• 29 CFR 1904, Recording and Reporting Occupational Injuries and Illness.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9631&p_text_version=FALSE

• 29 CFR 1904.8, Recordkeeping Forms and Recording Criteria.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9639&p_text_version=FALSE

APPENDIX 1: DEFINITIONS

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Assistant Secretary
Assistant Secretary of Labor for Occupational Safety and Health or a designated representative.

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 (HBV) and human immunodeficiency virus (HIV).

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 which 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.

Director
The Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services or a designated representative.

Engineering Controls
Controls (e.g., sharps disposal containers, self-sheathing needles, safety 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 mucus membrane, non-intact skin or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Handwashing Facilities
A facility for providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional
A person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up sections of the Plan.

HBV
Hepatitis B virus.

HIV
Human immunodeficiency virus.

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.

Occupational Exposure
Reasonably anticipated skin, eye, mucus membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Material
(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, 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 organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral
Piercing mucous membranes or the skin barrier through such events as needlesticks, 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) are not intended to function as protection against a hazard and are not considered to be *personal protective equipment*.

Production Facility
A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste
Liquid or semi-liquid blood or other potentially infectious materials; items contaminated with blood or other potentially infectious materials; 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.

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.

Sharps with engineered sharps injury protections
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.

Source Individual
Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure.

Sterilize
The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions
A method of exposure control in which all human blood and certain human body fluids are treated as if known to be infected with 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 (i.e., prohibiting recapping of needles by a two-handed technique).

APPENDIX 2:
Access to Employee Exposure and Medical Records
29 CFR 1910.1020

APPENDIX 3:
JOB CLASSIFICATIONS
EXPOSURE DETERMINATION

29 CFR 1910.1030 (c)(2)(i)(A)

APPENDIX 3:
JOB CLASSIFICATIONS
EXPOSURE DETERMINATION

29 CFR 1910.1030 (c)(2)(i)(A)

These job classifications have occupational exposure to bloodborne pathogens based on the nature of their work. This exposure determination was made without regard to the use of personal protective clothing or equipment. **All** USI employees in the following job classifications have reasonably anticipated risk of exposure to bloodborne pathogens and are included in the exposure control plan:

TITLE	DEPARTMENT
Assistant Athletic Trainer	Athletics Administration
Athletic Trainer	Athletics Administration
Life Guard	Athletics Administration
Nurse, Licensed Practitioner	Student Health Services
Nurse, Registered	Student Health Services
Physician	Student Health Services
Plumbers	Facilities Management
Security Officer	University Security

APPENDIX 4:
JOB CLASSIFICATIONS & TASK LIST
EXPOSURE DETERMINATION

29 CFR 1910.1030 (c)(2)(i)(B) & (C)

APPENDIX 4:
JOB CLASSIFICATIONS & TASK LIST
EXPOSURE DETERMINATION

29 CFR 1910.1030 (c)(2)(i)(B) & (C)

Some employees in other job classifications may have specific required routine or non-routine job tasks that result in occupational exposure. These classifications are listed below. *This exposure determination was made without regard to the use of personal protective clothing or equipment.* Employees in the following job classifications that are required to perform the duties listed have reasonably anticipated risk of exposure to bloodborne pathogens and are included in the Exposure Control Plan:

TITLE	Tasks in which occupational exposure could occur
Children's Center staff	Exposure to blood, vomit and human waste.
Environmental Health and Safety Manager	Emergency response where human blood or OPIM are present
Instructor/lecturer/professor	Handling of blood, tissue, cells or OPIM during an experiment or research
Lab supervisor/technician	Handling of blood, tissue, cells or OPIM during an experiment or research
PAC Staff	Emergency first aid, cleaning equipment, cleaning vomit or blood, cleaning towels
Physical Plant Maintenance staff	Repair of Dental Hygiene sterilizing equipment, assisting injured co-workers.
Recreation and Fitness Staff	Emergency first aid, cleaning equipment, cleaning vomit or blood, cleaning towels
Research assistant	Handling of blood, tissue, cells or OPIM during an experiment or research
Residence Life staff	Emergency first aid, needle sticks, cuts from broken glass debris and waste left in apartments.
Summer Rehab employees	Emergency first aid, needle sticks, cuts from broken glass debris and waste left in apartments.

APPENDIX 5:
SHARPS NEEDLE / SHARPS EVALUATION FORM

University of Southern Indiana
Support Services Building

Office of Risk Management and Safety
812 465-7003 Fax 812 461-5275

SAFETY NEEDLE / SHARPS EVALUATION FORM

In accordance with 29 CFR 1910.1030, Bloodborne Pathogens Standard.

Complete this form **only** if you perform tasks that may exposure you to sharps.
Please send one copy of this evaluation form to: The Office of Risk Management, Support Services Building, attn: John Hunt
and retain the original form for your records.

Please circle the most appropriate answer for each question. A rating of one (1) indicates the highest level of agreement with the statement, five (5) the lowest. Not applicable (N/A) may be used if the question does not apply to this product.

EVALUATOR'S INFORMATION:

PRINT: First Name, Middle Initial, Last Name _____ **DAYTIME PHONE** _____ **JOB TITLE** _____

DEPARTMENT _____ **SUPERVISOR'S NAME** _____ **DATE** _____

DEVICE INFORMATION:

NAME OF DEVICE _____ **NAME OF MANUFACTURER** _____

NUMBER OF TIMES USED _____ **APPLICATION OF DEVICE** _____

EVALUATION:

Please explain all problems with the device in the comments.

	Agree.....Disagree					
1. The safety feature can be activated using a one-handed technique.	1	2	3	4	5	N/A
2. The user's hands remain behind the needle/sharp until activation of the safety mechanism is complete.	1	2	3	4	5	N/A
3. The safety feature does not interfere with normal use of this product.	1	2	3	4	5	N/A
4. Use of this product requires you to use the safety feature.	1	2	3	4	5	N/A
5. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated.	1	2	3	4	5	N/A
6. The device is easy to handle while wearing gloves.	1	2	3	4	5	N/A
7. The device is easy to handle when wet.	1	2	3	4	5	N/A
8. This device does not require more time to use than a non-safety device.	1	2	3	4	5	N/A
9. The safety feature operated reliably.	1	2	3	4	5	N/A
10. The exposed sharp is blunted or covered after use and prior to disposal.	1	2	3	4	5	N/A
11. The safety feature works well with a wide variety of hand sizes and with a left-handed person as easily as with a right-handed person.	1	2	3	4	5	N/A
12. Use of this product does not increase the number of sticks to the patient.	1	2	3	4	5	N/A
13. Sterilization (if applicable) of this device is as easy as a standard device.	1	2	3	4	5	N/A
14. The product stops the flow of blood after the needle is removed from the catheter (or after the butterfly is inserted) and just prior to line connections or hep-locking capping.	1	2	3	4	5	N/A
15. The product does not require extensive training to be operated correctly.	1	2	3	4	5	N/A
16. The device can be used without causing more patient discomfort than a conventional device.	1	2	3	4	5	N/A

Continue to next page…

SAFETY NEEDLE / SHARPS EVALUATION FORM

In accordance with 29 CFR 1910.1030, Bloodborne Pathogens Standard.

Additional questions for I.V. Connectors:

17.	Use of this connector eliminates the need for exposed needles in connections.	1	2	3	4	5	N/A
18.	The safety feature allows you to collect blood directly into a vacuum tube, eliminating the need for needles.	1	2	3	4	5	N/A
19.	The connector can be secured (locked) to Y-sites, hep-locks, and central lines.	1	2	3	4	5	N/A

Additional questions for Vacuum Tube Blood Collection Systems:

20.	The safety feature works with a butterfly.	1	2	3	4	5	N/A
21.	The inner vacuum tube needle (rubber sleeved needle) does not present a danger of exposure.	1	2	3	4	5	N/A

Please rate the quality of the in-service training: Excellent Good Fair Poor

Would you recommend using this device: Yes No

Comments: _____

_____

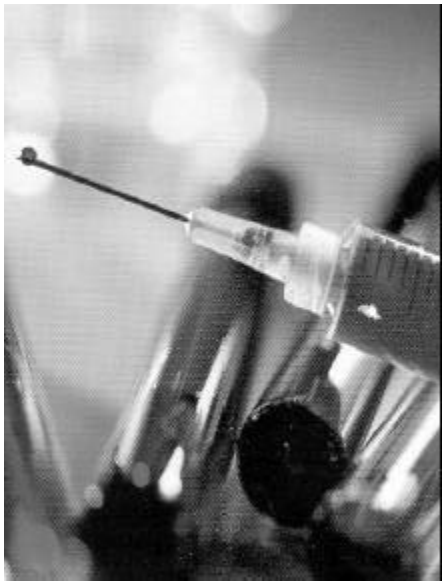
_____

_____

APPENDIX 6:
HEPATITIS B VACCINATION KIT

THE UNIVERSITY OF SOUTHERN INDIANA

HEPATITIS B VACCINATION KIT



Please bring this booklet to your scheduled Hepatitis B Vaccination appointment and present to your physician.

Environmental Health and Safety
8600 University Boulevard
Administrative Services Annex North
Evansville, IN 47712

Any Questions?

TELEPHONE: (812) 461-5393
FAX NUMBER: (812) 461-5275
EMAIL: bjmorrison1@usi.edu

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN INFORMATION

Because of the nature of your work, there is a possibility that you will be exposed to human blood or other potentially infectious materials while on the job. Recognizing the risk, the Occupational Safety and Health Administration (OSHA) developed a safety regulation designed to prevent exposure and protect workers from bloodborne pathogens. The standard is entitled the Bloodborne Pathogens Standard (29 CFR 1910.1030).

Bloodborne pathogens are microorganisms found in the blood and other body fluids that can cause disease in people. The following are of particular concern:

- *Human Immunodeficiency Virus (HIV)*: HIV causes the fatal disease AIDS. However, people can carry HIV for years without any apparent symptoms; often, they are not even aware that they have it. The problem with AIDS is that it attacks the human immune system. Once people develop AIDS, their immune system cannot fight off disease. When people die from AIDS, they usually die from a disease their body could not recover from, such as pneumonia or certain types of cancer.

- *Hepatitis B Virus (HBV)*: This bloodborne pathogen is much more common than AIDS. Hepatitis B affects the liver, and has been fatal in a small number of cases. People who carry HBV can pass it on to others, and once you carry HBV you are at a much greater risk for the possibility of fatal liver ailments.

The chances of you coming in contact with these viruses on the job are very slim. Even people whose jobs cause them to come into regular contact with blood or other body fluids rarely become infected.

In order to protect employees from the Hepatitis B virus, The University of Southern Indiana has implemented a HBV vaccination program. This program is available at no cost, to all employees who have occupational exposure to bloodborne pathogens. The vaccination program consists of a series of three inoculations over a six-month period and a post-vaccine titer. Vaccinations are performed at the Student Health Center, Health Professions Center (HP091). You can arrange to be vaccinated by calling the Student Health Center at (812) 465-1250 and make an appointment.

HEPATITIS B VACCINE, ENGERIX-B WHAT IS HEPATITIS B?

Hepatitis B is a viral infection which causes inflammation of the liver cells.

HOW SERIOUS IS THE DISEASE?

An estimated 200,000 persons, primarily young adults, are infected each year. One quarter of them become ill with jaundice. More than 10,000 individuals are hospitalized with Hepatitis B each year, and an average of 250 die of fulminate disease. Between 6% and 10% of young adults with HBV infection become carriers. Chronic active hepatitis develops in over 25% of carriers, and often progresses to cirrhosis. Studies have shown an association between the HBV carrier state and the occurrence of liver cancer.

WHAT ABOUT THE VACCINE?

Hepatitis B virus vaccine is a non-infectious viral vaccine derived from Hepatitis B surface antigen produced in yeast cells. It is not derived from human blood or blood products.

Primary vaccination in the adult consists of three 1-ml doses administered intramuscularly. The second and third doses are recommended at one and six month intervals following the initial dose. Trials of the vaccine have shown 80% - 95% efficacy in preventing infection or hepatitis among susceptible persons, following the three-dose immunization schedule. The duration of protection and consequent need for booster doses are not yet known.

WHAT ARE THE RISKS AND SIDE EFFECTS?

No serious adverse reactions have been reported during the clinical trials. The most common adverse reaction is local soreness at the injection site. Less common local reactions include erythema, swelling, warmth or induration which are generally well tolerated and usually subside within 48 hours. Low-grade fever (less than 101^{0}F) occurs occasionally; fever over 102^{0}F is uncommon. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, myalgia and arthralgia are infrequent and have been limited to the first few days following vaccination. Rash has been reported rarely.

No long-term reaction has thus far been observed with the vaccine. However, as with any vaccine, there is the possibility that very broad use could reveal rare short or long term adverse reactions not observed during clinical trials.

WHO SHOULD NOT RECEIVE THE VACCINE?

Persons with a history of allergic reactions to other vaccines are advised to seek further information regarding the components of this vaccine before receiving it.

Individuals with immuno-deficiency disorders or those receiving immuno-suppressive therapy may require larger vaccine doses.

Persons who have a hypersensitivity to yeast should not receive the vaccine.

WHAT IF I AM PREGNANT?

Animal reproductive studies have not been conducted with the HBV vaccine. However, the Centers for Disease Control have advised that pregnancy should not be considered a contraindication for individuals who are otherwise eligible for the vaccine. However, if you are pregnant, or suspect pregnancy at this time, Student Health Services will require a note from your private obstetrician authorizing initiation of the vaccine, or continuation of the series if you become pregnant before the second or third doses of the vaccine are to be received. Engerix B should be given to a pregnant woman only if clearly needed.

WILL THE VACCINE PROTECT ME IN THE EVENT OF NEEDLE STICKS AND OTHER EXPOSURES?

In the clinical trials, protective antibodies developed in over 90% of individuals following the three-dose vaccination regimen. Employees will not be considered to have protective antibody until after the third dose of the vaccine has been administered. It is required that all needle stick exposures continue to be reported to the Student Health Service or the Emergency Room for consideration of the need for administration of serum globulins. No vaccination should provide an employee with a false sense of security regarding infectivity of patients. Strict aseptic technique and stringent safety measures must always be observed. It should be emphasized that this vaccine does not protect against hepatitis A, post-transfusion hepatitis or any other forms of non-B hepatitis.

WILL THE VACCINE PROTECT ME IF I NOW HAVE HEPATITIS?

Because of the long incubation period for Hepatitis B, six weeks to six months, it is possible for unrecognized infection to be present at the time HBV vaccine is given. In such individuals, HBV vaccine may or may not prevent Hepatitis B. However, there are no risks associated with giving the vaccine to an individual who has had Hepatitis B or who has unrecognized Hepatitis B.

Please complete the following form by consenting or denying the offer for the Hepatitis B vaccination. This form should be returned to Environmental Health and Safety and the additional copy is for your file.

Employee's Copy
EMPLOYEE CONSENT FORM – HEPATITIS B, ENGERIX-B

I have read and I understand the attached information on Hepatitis B virus vaccine. I have had a chance to ask questions of Environmental Health and Safety which were answered to my satisfaction. I understand that a series of three injections of the vaccine is recommended. If I am pregnant or suspect pregnancy at any time during the six-month vaccination period, I will obtain authorization from my obstetrician to initiate or continue the vaccination procedure. I understand that this vaccine is being offered on a purely voluntary basis to USI employees.

I understand the benefits and risks of Hepatitis B vaccine and request that it be given to me.

EMPLOYEE INFORMATION:

NAME: _____ WORK EXTENSION: _____

HOME ADDRESS: _____ HOME PHONE: _____

JOB TITLE: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

EMPLOYEE DECLINATION FORM – HEPATITIS B, ENGERIX-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, 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 series at no charge to me.

I understand the benefits and risks of the Hepatitis B vaccine and deny that it be given to me.

EMPLOYEE INFORMATION:

NAME: _____ WORK EXTENSION: _____

HOME ADDRESS: _____ HOME PHONE: _____

JOB TITLE: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

____ I have already received the Hepatitis B Vaccination series.

Fold Here

RETURN ADDRESS:

_____
_____
_____

Place stamp here or CAMPUS MAIL

SEND TO:
The University of Southern Indiana
Environmental Health and Safety
8600 University Boulevard
Evansville IN 47712

TAPE ENDS HERE

Employee's Copy

EMPLOYEE CONSENT FORM – HEPATITIS B, ENGERIX-B

I have read and I understand the attached information on Hepatitis B virus vaccine. I have had a chance to ask questions of Environmental Health and Safety which were answered to my satisfaction. I understand that a series of three injections of the vaccine is recommended. If I am pregnant or suspect pregnancy at any time during the six-month vaccination period, I will obtain authorization from my obstetrician to initiate or continue the vaccination procedure. I understand that this vaccine is being offered on a purely voluntary basis to USI employees.

I understand the benefits and risks of Hepatitis B vaccine and request that it be given to me.

EMPLOYEE INFORMATION:

NAME: _____ WORK EXTENSION: _____

HOME ADDRESS: _____ HOME PHONE: _____

JOB TITLE: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

EMPLOYEE DECLINATION FORM – HEPATITIS B, ENGERIX-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, 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 series at no charge to me.

I understand the benefits and risks of the Hepatitis B vaccine and deny that it be given to me.

EMPLOYEE INFORMATION:

NAME: _____ WORK EXTENSION: _____

HOME ADDRESS: _____ HOME PHONE: _____

JOB TITLE: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

___ I have already received the Hepatitis B Vaccination series.

Hepatitis B Vaccination Injection Record

USI Student Health Services will document each injection and the vaccine titer results on the Hepatitis B Vaccination Injection form for each patient. Once the form is complete, Student Health Services will send the original to EHS to be maintained in the Bloodborne Pathogens file.

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available to affected employees at no cost and in accordance with the provisions of Section 12.0 of USI's Bloodborne Pathogens Exposure Control Plan.

Please remove the following page from your booklet when the vaccination series is complete. Student Health Services will send the original form to Environmental Health and Safety.

Please present the following page "HEPATITIS B INJECTION RECORD" to the healthcare professional administering the Hepatitis B Vaccination for documentation purposes.

HEPATITIS B INJECTION RECORD

Hepatitis B Surveillance Program

In accordance with 29 CFR 1910.1030, Bloodborne Pathogens Standard.

Please take this form with you to your appointments.

Return **original** completed form to: Environmental Health and Safety, Administrative Services Annex North

I understand that due to my occupational exposure to blood or other potentially infectious materials, I maybe 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. I elect to receive the hepatitis B vaccine. I have been informed of the potential risk and side effects.

PERSONAL INFORMATION:

PRINT: First Name, Middle Initial, Last Name _____ DAYTIME PHONE _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DEPARTMENT _____ SUPERVISOR _____ Status: Full-Time Employee / Part-Time Employee / Student-Employee / Volunteer (VolUSI)

APPOINTMENT INFORMATION:

All appointments should be made at:

STUDENT HEALTH CENTER (HP091)
8600 UNIVERSITY BOULEVARD
EVANSVILLE, IN
FOR APPOINTMENTS CALL: 812 465-1250

At the time of scheduling your appointment, notify Student Health Center that you are enrolled in USI's Bloodborne Pathogens Exposure Control Plan.

Appointment Dates:

1st Injection: _____ Month/Day/Year
2nd Injection: _____ Month/Day/Year
3rd Injection: _____ Month/Day/Year
Follow up: _____ Month/Day/Year

INJECTION RECORD:

1st Injection:
_____ Dose, Route, Site _____ Manufacturer, Lot # _____ Nurse Sign/Date

2nd Injection:
_____ Dose, Route, Site _____ Manufacturer, Lot # _____ Nurse Sign/Date

3rd Injection:
_____ Dose, Route, Site _____ Manufacturer, Lot # _____ Nurse Sign/Date

1st post-vaccine series titer date: _____ Result: _____

4th Injection:
_____ Dose, Route, Site _____ Manufacturer, Lot # _____ Nurse Sign/Date

2nd post-vaccine series titer date: _____ Result: _____

5th Injection:
_____ Dose, Route, Site _____ Manufacturer, Lot # _____ Nurse Sign/Date

6th Injection:
_____ Dose, Route, Site _____ Manufacturer, Lot # _____ Nurse Sign/Date

3rd post-vaccine series titer date: _____ Result: _____

SIGNATURE OF EMPLOYEE _____ DATE _____ SIGNATURE OF WITNESS _____ DATE / TIME _____

PRINTED NAME OF WITNESS _____

Fold Here

RETURN ADDRESS:
_____
_____
_____

Place stamp here or CAMPUS MAIL

SEND TO:
The University of Southern Indiana
Environmental Health and Safety
8600 University Boulevard
Evansville IN 47712

CONFIDENTIAL: MEDICAL RECORDS

TAPE ENDS HERE

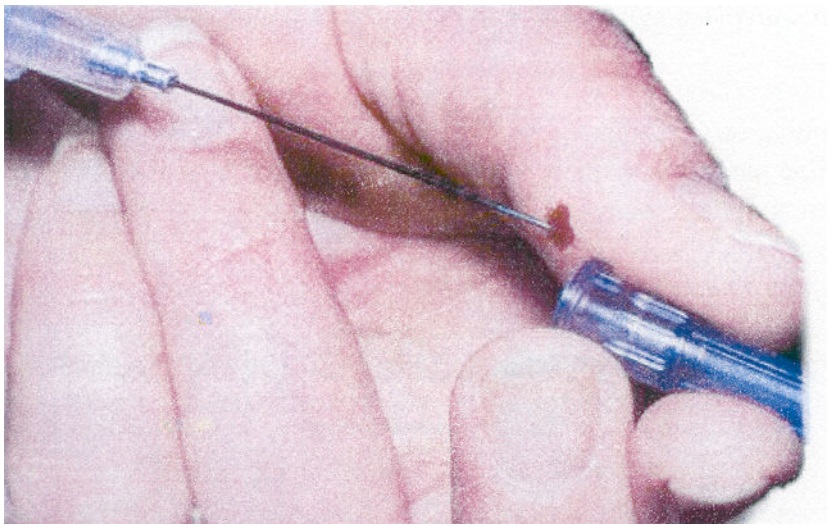
NOTES:

APPOINTMENT DATES:

APPENDIX 7:
BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORTING KIT

THE UNIVERSITY OF SOUTHERN INDIANA

Bloodborne Pathogens Exposure Incident Reporting Kit



Environmental Health and Safety
Administrative Services Annex North
8600 University Blvd.,
Evansville, IN 47712

Any Questions?

TELEPHONE: (812) 461-5393
FAX NUMBER: (812) 461-5275
EMAIL: Bryan Morrison

THE UNIVERSITY OF SOUTHERN INDIANA
Exposure Incident Reporting Kit
TABLE OF CONTENTS

The chart below indicates the forms required to report a bloodborne pathogens exposure incident and the responsible party for the completion and disposition of each form. Enclosed is one copy of each of the forms needed to file a workers' compensation claim. If you require additional exposure incident reporting kits, please call Environmental Health and Safety at 461-5393.

Form Number	Title of Form and Explanation	Responsibility of:
EHS-1 /BBP	The University of Southern Indiana Environmental Health and Safety **Exposure Incident Reporting Form** (to be completed by the supervisor and submitted by the end of the work day following the day of injury)	Supervisor
EHS-2 /BBP	The University of Southern Indiana: **Authorization for Medical Treatment** (authorizes the injured / ill employee to be treated at the Emergency Room WHEN signed by the supervisor)	Supervisor
EHS-3/BBP	The University of Southern Indiana Environmental Health and Safety **Post-Exposure Evaluation and Follow-Up Form** (to be returned to Environmental Health and Safety. EHS will provide employee with a copy of the healthcare professional's written opinion within 15 days of receiving the results of the evaluation.)	Employee and Evaluating Healthcare Professional
EHS-4/BBP	The University of Southern Indiana Environmental Health and Safety **Sharps Injury Log** (This form will be completed for all percutaneous injuries resulting from contaminated sharps.)	Environmental Health and Safety

Environmental Health and Safety
8600 University Boulevard
Evansville IN 47712
Telephone: 812 461-5393 / Fax: 812 461-5275

ENVIRONMENTAL HEALTH AND SAFETY
EXPOSURE INCIDENT REPORTING FORM

Section One: Complete For All Bloodborne Pathogens Exposure Incidents

Department	Date of Accident	Time Incident Occurred: A.M P.M.
Location (indicate By Building And Room, Or In Relation To Known Fixed Object)		
Potentially Infectious Materials Involved: Type: _____ Source: _____		
Description of Incident (Be Specific)		
Witness Name and Address		Daytime Phone
Witness Name and Address		Daytime Phone
Factors in Incident (Be Specific) _____Unsafe Act _____ _____Unsafe Condition _____	Corrective Action Taken _____ _____ _____	
Supervisor's Comments / Recommendations:		
Supervisor Signature	Telephone Number ( )	Date

Section Two: Complete For Personal Injuries

Name of Injured Person	Address	City	State	Zip Code

Daytime Telephone ( )	Home Telephone ( )	Gender Male Female	Age

Nature of Injury	Body Part Affected (Indicate Left or Right)
Status of Injured Person Faculty Staff Student Other (Specify) _____	Severity of Injury Minor First-Aid Severe Non-Disabling Disabling Fatality _____
Cause of Injury (be specific) Sharps Equipment / Tools Needlestick Other: _____	Protective equipment: Was Required Was Available Was Used Was Not Sufficient to Prevent Injury

Section Three: Complete for USI Employees

Social security number	Average weekly gross $ _____	Employed by USI _____Yrs. _____ Mos.	Time in present position _____ Yrs. _____ Mos.
Job title		Status full time part time	Injured on the job Yes No
Job performing when injury occurred		Stopped work immediately Yes No	Est. time lost from work
Medical treatment provided by		Date supervisor learned of injury _____ (Month) _____(Day) _____ (Year)	

Form EHS-1/BBP

THE UNIVERSITY OF SOUTHERN INDIANA
AUTHORIZATION FOR MEDICAL TREATMENT

Supervisor to complete:

Employee _____ Date _____

Department _____ Job Title _____

has suffered a work related injury/illness and is authorized to receive treatment at the local hospital emergency room

_____
Signature of Supervisor

Attending physician to complete:
Nature of injury or illness:

_____

Treatment: _____

Disposition (please indicate below):
_____Return to work
_____Temporarily disabled from _____ to _____. Estimated fit for duty on _____.
_____Return to work, limited duty for _____ days. Estimated fit for duty on _____.
_____Restrictions on work activity: _____
_____ Prescribed medications.
_____Referred to private physician
_____Admitted to the hospital

_____ _____
Date Signature of Physician

Pharmacy to complete:
Issued the following medications:

_____
_____
_____

_____ _____
Date Signature of Pharmacist

INSTRUCTIONS:

1 Supervisor completes top portion.
2 Employee gives form to treating physician.
3 Employee returns complete form to supervisor.
4 Supervisor sends copy of completed form to:

WORKERS' COMPENSATION INSURANCE CARRIER:

Massachusetts Bay Insurance Company

Environmental Health and Safety
8600 University Boulevard
Evansville IN 47712

Form EHS-2/BBP

University of Southern Indiana
8600 University Blvd, Evansville IN 47712
Support Services Building

Risk Management and Safety
Telephone 812 465-7003
Fax 812 461-5275

POST-EXPOSURE EVALUATION AND FOLLOW-UP FORM

In accordance with 29 CFR 1910.1030 (f)(3), Bloodborne Pathogens Standard.

CONFIDENTIAL: MEDICAL RECORDS

Please provide this form to the evaluating healthcare professional before the evaluation.

Upon completion of the evaluation, this form should be sent by the healthcare professional to Environmental Health and Safety

INJURED EMPLOYEE'S NAME: _____ DEPARTMENT: _____

As part of my employment with the University of Southern Indiana, I may have been exposed to blood or other potentially infectious materials on the following date: _____
(INSERT DATE)

A description of job duties as they relate to the exposure incident: _____

_____

The route of exposure was: _____

The name and address of the source individual is: UNKNOWN
OR

_____ | _____ | _____ | _____ | _____
(SOURCE INDIVIDUAL'S NAME) (ADDRESS) (CITY) (STATE) (ZIP CODE)

Check the following items that apply:

_____ Exposure Incident Report Form (Form EHS-1/BBP) has been completed (copies forwarded to Environmental Health and Safety)
_____ Source individual's blood has been tested (provided consent obtained)
_____ Exposed employee has been notified and / or Hepatitis B Immune Globulin at no charge to myself. _____
Initial

Please check the following that apply:
_____ I accept the Hepatitis B vaccination series.
_____ I accept the Hepatitis B Immune Globulin.
_____ I decline the Hepatitis B vaccination series.
_____ I decline the Hepatitis B Immune Globulin.
_____ I consent to baseline blood collection and HBV serological testing.
_____ I do not consent to baseline blood collection.
_____ I consent to baseline blood collection but do not consent to any testing at this time. I understand that the blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, I elect to have baseline samples tested for either HBV or HIV, such testing shall be done as soon as feasible.

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

To the evaluating healthcare professional:

After your evaluation of this University of Southern Indiana employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

_____The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ is not_____ indicated.

All other findings or diagnoses shall remain confidential and shall not be included in the written report. The employer is afforded access to the limited information stated above. Any information regarding the results of the employee's evaluation or medical conditions must be conveyed by the health care professional to the employee alone and not as part of the written opinion that goes to the employer.

_____
Healthcare Professional's Name

_____ _____
Healthcare Professional's Signature Date

Form EHS-3/BBP

EVALUATION OF CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Evaluation of circumstances surrounding an exposure incident is to be done by Environmental Health and Safety or designee. The evaluation will consist of at least:

A review of the Exposure Incident Investigation Form completed by the supervisor;
Documentation regarding a plan to reduce the likelihood of a future similar exposure incident;
Notification to the exposed employee's department and discussion of any similar incidents and planned precautions; and.
Completion of the "Sharps Injury Log" **(Form EHS-4/BBP)**.

Such reports will be maintained in Environmental Health and Safety, and a copy is to be sent to the department where the employee is assigned. Environmental Health and Safety will review these reports on a periodic basis so that reported information can be considered in the review and update of the Exposure Control Plan.

University of Southern Indiana
Support Services Building

Risk Management and Safety
812 465-7003 Fax 812 461-5275

SHARPS INJURY LOG

In accordance with 29 CFR 1910.1030 (h)(5), Bloodborne Pathogens Standard.

Environmental Health and Safety will complete a log for each employee exposure incident involving a sharp.

PERSONAL INFORMATION:

PRINT: First Name, Middle Initial, Last Name _____ Daytime Phone _____ Social Security Number _____

☐ Male ☐ Female

DATE OF BIRTH _____

DEPARTMENT _____ SUPERVISOR _____

LOCATION WHERE INJURY OCCURRED (BUILDING NAME AND ROOM NUMBER) _____

DATE & TIME OF INJURY _____ / _____ / _____ A.M. P.M.

Brief explanation of how incident occurred: _____

FILL IN THE ONE CIRCLE CORRESPONDING TO THE MOST APPROPRIATE ANSWER.

Procedure:

- O Draw venous blood
- O Draw arterial blood
- O Injection, through skin
- O Start IV/set up heparin lock
- O Unknown / Not Applicable
- O Other _____
- O Heparin / Saline Flush
- O Cutting
- O Suturing
- O Removing Trash

Did the exposure incident occur:

- O During use of sharp
- O Between steps of a multi-step procedure
- O After use and before disposal of sharp
- O While putting sharp into disposal container
- O Sharp left, inappropriate place (table, bed, trash, etc.)
- O Other _____
- O Disassembling

Body Part:
(Check all that apply)

- O Finger
- O Hand
- O Arm
- O Other _____
- O Face/Head
- O Torso
- O Leg

Identify sharp involved:
(if known)

Type: _____
Brand: _____
Model: _____
(i.e., 18 g needle/ABC Medical/"no stick" syringe)

Did the device being used have engineered sharps injury protection?

O Yes O No O Don't Know

Was the protective mechanism activated?

O Yes-fully O Yes-partially O No

Did the exposure incident occur:

O Before O During O After activation

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

O **YES** O **NO**

Explain: _____

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?

O **YES** O **NO**

Explain: _____

EMPLOYEE SIGNATURE _____ DATE _____

EHS SIGNATURE _____ DATE _____

This form will be completed by and maintained in Environmental Health and Safety through interviews.

This sharps injury log will be maintained for five years following the end of the year in which the incident occurred.

COPIES TO: EHS, EMPLOYEE AND EMPLOYEE'S DEPARTMENT

APPENDIX 8:
SHARPS INJURY LOG

University of Southern Indiana
Support Services Building

Risk Management and Safety
812 465-7003 Fax 812 461-5275

SHARPS INJURY LOG

In accordance with 29 CFR 1910.1030 (h)(5), Bloodborne Pathogens Standard.

Environmental Health and Safety will complete a log for each employee exposure incident involving a sharp.

PERSONAL INFORMATION:

PRINT: First Name, Middle Initial, Last Name _____ Daytime Phone _____ Social Security Number _____

_____ ☐ Male ☐ Female
DATE OF BIRTH

_____ _____
DEPARTMENT SUPERVISOR

_____ _____ / / _____ A.M. P.M.
LOCATION WHERE INJURY OCCURRED (BUILDING NAME AND ROOM NUMBER) DATE & TIME OF INJURY

Brief explanation of how incident occurred: _____

FILL IN THE ONE CIRCLE CORRESPONDING TO THE MOST APPROPRIATE ANSWER.

Procedure:
- O Draw venous blood
- O Draw arterial blood
- O Injection, through skin
- O Start IV/set up heparin lock
- O Unknown / Not Applicable
- O Other _____
- O Heparin / Saline Flush
- O Cutting
- O Suturing
- O Removing Trash

Did the exposure incident occur:
- O During use of sharp
- O Between steps of a multi-step procedure
- O After use and before disposal of sharp
- O While putting sharp into disposal container
- O Sharp left, inappropriate place (table, bed, trash, etc.)
- O Other _____
- O Disassembling

Body Part:
(Check all that apply)
- O Finger
- O Hand
- O Arm
- O Other _____
- O Face/Head
- O Torso
- O Leg

Identify sharp involved:
(if known)
Type: _____
Brand: _____
Model: _____
(i.e., 18 g needle/ABC Medical/"no stick" syringe)

Did the device being used have engineered sharps injury protection?
O Yes O No O Don't Know

Was the protective mechanism activated?
O Yes-fully O Yes-partially O No

Did the exposure incident occur:
O Before O During O After activation

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?
O **YES** O **NO**
Explain: _____

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?
O **YES** O **NO**
Explain: _____

_____ _____
EMPLOYEE SIGNATURE DATE

_____ _____
EHS SIGNATURE DATE

This form will be completed by and maintained in Environmental Health and Safety through interviews.
This sharps injury log will be maintained for five years following the end of the year in which the incident occurred.

COPIES TO: EHS, EMPLOYEE AND EMPLOYEE'S DEPARTMENT
The University of Southern Indiana
Bloodborne Pathogens Exposure Control Plan

APPENDIX 9:
BIOHAZARD LABEL

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APPENDIX 10:
TRAINING CERTIFICATION

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The University of Southern Indiana
Employee Acknowledgement of Training
on the OSHA Bloodborne Pathogen Standard

I have received training and information on the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." I agree to observe and follow the safe work practices and standard operating procedures outlined in the Exposure Control Plan which were presented to me in this training session.

Employee Name (Please Print)	Department
Employee Signature	Date
Trainer	Date

BLOODBORNE PATHOGENS TRAINING QUIZ

1. If you are exposed to potentially infectious materials on the job, you may request a vaccine for which bloodborne disease?

   a. HIV
   b. Syphilis
   c. Hepatitis B
   d. Brucellosis

2. Which of the following materials could contain bloodborne pathogens?

   a. bloody saliva
   b. semen
   c. vaginal secretions
   d. all of the above

3. If you wear gloves when cleaning up an accident site, it is not necessary to wash your hands afterwards.

   a. True
   b. False

4. Bloodborne pathogens may enter you system through:

   a. Open cuts
   b. Skin abrasions
   c. Dermatitis
   d. Mucous membranes
   e. All of the above

5. You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.

   a. True
   b. False

6. You should never eat, drink, or smoke in a laboratory or other areas where there may be potential exposure to bloodborne pathogens.

   a. True
   b. False

7. Name two types of personal protective equipment that can help protect you from potential exposure to bloodborne pathogens.

   a.
   b.

8. If you have blood or potentially infectious materials splashed into your eye, you should flush you eye with clean, running water for:

   a. 5 minutes
   b. 10 minutes
   c. 15 minutes

9. Uncontaminated sharps may be disposed in regular trash bags.

   a. True
   b. False

10. 1 part of household bleach to 100 parts of water provides a strong enough solution to effectively decontaminate most surfaces, tools, and equipment if left for 10 minutes.

    a. True
    b. False