

Salisbury University Exposure Control Plan

**Prepared to comply with:
OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030**

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I. FORMAL POLICY STATEMENT

Certain job activities at Salisbury University have the potential for employee and student exposure to human blood and/or body fluids. Human blood, other body fluids, and unfixed human tissues are potential sources of harmful and lethal diseases such as Hepatitis B, Hepatitis C, Creutzfeldt-Jakob disease and Acquired Immunodeficiency Syndrome (AIDS). Identification of infectious body fluids and human tissues requires considerable medical diagnostic efforts and are not 100% effective in detecting all infectious diseases. Therefore, to minimize the risk of occupational exposure to potentially contaminated blood and body fluids a combination of employee education, personal protective

medical devices designed to eliminate or minimize occupational exposure. The review process will require input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps. The solicitation of input from employees will be documented in Student Health Services. That documentation will include, at a minimum, the names of employees involved and a description of the input process with regard to identification, evaluation, selection of controls. The input shall be documented, including meeting minutes and copies of documents used to request employee participation, or records of responses received from employees, such as reports evaluating the effectiveness of a safer medical device in trial applications.

Salisbury University will record sharps injuries on the OSHA 300 and 301 forms and will include the type and brand of device involved on either the 300 or 301 form. The University will maintain sharps injuries reports in a way that segregates sharps injuries from other types of work-related injuries or illnesses, or allows sharps injuries to be easily separated as a log.

II. GLOSSARY

ACUTE: An adverse effect with symptoms of high severity coming quickly to a crisis.

AUTOCLAVE: A steam-sterilizing device designed to destroy all microbial life on objects with a combination of heat and pressure.

BIOSAFETY LEVEL (BSL) ASSOCIATED RISKS WITH MICROORGANISMS:

BS

CONTAMINATED - Marked by the presence, or the reasonably anticipated presence, of blood, other potentially infectious materials, radiation or chemicals on an item or surface.

CONTAMINATED LAUNDRY - Laundry that has been soiled with blood, other potentially infectious materials, radiation or chemicals.

Risk Assessment

Not all employees are reasonably expected to have exposure to human blood and body fluids as part of their general duties. The departments have therefore been broadly characterized as shown below as to their relative risk of exposure. It is up to the department heads in each area in which exposure can reasonably be expected to evaluate the actual expectation of exposure for each job category and provide appropriate training and vaccination accordingly. See Appendix 2 for an outline of information required in each unit's exposure control plan.

Exposure Expected	Exposure Possible	Exposure Unlikely
Student Health Services	Campus Police	All other areas

Lab coats and other protective clothing are to be worn buttoned-up/zipped up while work is in progress and should be removed immediately upon significant contamination. Protective clothing should be laundered with bleach to minimize biohazardous material by the laundry contractor at no expense to the employee (see below).

Personal health and hygiene: Attention to these needs is strictly prohibited in potentially contaminated areas. Eating, drinking, smoking, gum chewing, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure. Employees should wash their hands and leave the area before conducting these activities.

Smoking: Smoking is prohibited in the work area/building.

Food and drink: No materials for human consumption are stored in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood, other potentially infectious materials, radiation or chemicals are stored, or in other areas of possible contamination. Food and drink may only be stored in designated refrigerators. Sorting, handling, or consuming food or beverages in contaminated areas and use of refrigerators, glassware, or utensils for food and drink that are also used for operation are strictly forbidden.

Hand washing: Hand washing is required immediately (or as soon as possible) after removing gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. If personnel incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as

is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one handed scoop technique. Procedures that require recapping of needles are discouraged. During use, containers for contaminated sharps shall 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. To whatever extent reasonably possible, safety-engineered sharps devices will be incorporated into every procedure.

Licensed Waste Handler: Salisbury University will provide containers sufficient to contain regulated wastes capable of resisting punctures and labeled as a biohazard (as appropriate). These will be removed by a licensed waste handler.

Handling of Materials: Packages marked with the universal biohazard symbol or otherwise identified as containing potentially infectious materials are to be inspected for leaks immediately upon arrival at the facility.

All procedures are to be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM. Specific methods include the use of protective clothing, gloves, chin length face shields, eye protection, and the use of work gloves to protect latex/nitrile gloves from abrasion and tearing when large items are handled. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Handle sharp objects with safety awareness. Maintain eye contact with the item. Shield machines that splash and splatter. Use capped tubes and safety cups when vortexing and centrifuging. Wrap cotton or a gauze pad moistened with disinfectant around rubber stoppers or lyophilized containers when opening them. To the extent possible, perform all procedures that could aerosolize material in a biological safety cabinet.

Specimens of blood or OPIM are to be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled in accordance with the requirements of the OSHA standard. Supervisors shall ensure that all equipment has been decontaminated prior to servicing and shipping.

Any specimen container(s) shall be placed within a secondary container that is leak-proof and clamped to prevent spillage of infectious materials. The outer container shall have a biohazard label and content information. The outer container shall be decontaminated with 1:10 dilution of chlorine bleach or another appropriate disinfectant only if it is also contaminated.

Specimen collection: Refer to individual department policies with regard to collection of hazardous specimens.

Emergency phone numbers: All phones should have 911 for the county emergency system and x 36222 for University Police posted on them. The nature of the emergency and the location should be stated calmly and clearly.

Individual responsibility: All employees must be safety conscious. All should seek information and advice about hazards, plan appropriate protective procedures, and plan positioning of equipment before beginning any new operation. Unsafe conditions must be reported immediately, and work should not proceed until the conditions are adequately changed.

Standard (Universal) and Transmission-Based Precautions

The Centers for Disease Control (CDC) Standard Precautions (formerly known as Universal Precautions) will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or OPIM will be considered infectious regardless of the perceived status of the s

before transporting only if the outside is also contaminated. To make a 10% bleach solution, add one-part commercial bleach (5.25% available chlorine) to nine parts water. All specimen containers must be clearly labeled as to contents, labeled with a biohazard label and then double containerized for transport.

Containers for Special Medical Waste: Special Medical Waste such as used disposable containers, gloves, etc., must be kept in closed containers that can hold all contents without leakage during handling, storage and transport. Waste containers must be clearly labeled with the biohazard symbol, indicating they contain biohazardous waste. Containers are to be inspected for leakage daily. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of specimen.

Sharps Containers: Sharps include syringes, needles, slides, scalpels, cover slips, glass pipettes, and broken glass that may be contaminated with infectious materials. Sharps containers should be leak-proof, puncture resistant, labeled with the universal biohazard symbol, and closeable. Full sharps containers must be sealed and placed in a properly lined biohazard burn box. Pick up and disposal must be done by a licensed waste handler. To whatever extent reasonably possible, safety-engineered sharps devices will be incorporated into every procedure.

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-hand technique. At

Supervisors shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powder free gloves, or other similar alternatives shall be readily accessible to those who are allergic to the gloves normally provided. **Protective Equipment should be removed before leaving the work site and either be stored or disposed of appropriately.**

Supervisors shall ensure that all PPE is removed when penetrated by blood and then double bagged for laundering. All PPE shall be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated container for storage, washing, decontamination or disposal. All repairs and replacements will be made by the employer at no cost to employees.

The following pieces of PPE shall be available and used when there is potential for exposure to bloodborne pathogens:

Gloves

Disposable, single-use latex or nitrile gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, when collecting and processing human specimens and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised. Double gloving has been shown to provide more protection from punctures and abrasion that can occur during use than a single glove layer. Check gloves for leaks prior to wearing them. If gloves are damaged (torn or punctured) or become damaged or contaminated during a procedure, replace them. **Wash hands with soap and water for 30 to 60 seconds immediately after removing gloves.**

It is essential that workers wearing contaminated gloves avoid touching themselves and non-contaminated objects such as door knobs, telephones, computer key boards, pencils, etc. All fomites created in this manner must be decontaminated.

Clothing

Protective clothing must be worn when there is a risk of body fluids spattering or becoming aerosolized and contacting a worker's skin or clothing. Protective clothing should be resistant to fluids, and may be disposable or reusable. Reusable clothing must be properly laundered by the laundry contractor prior to reuse at no charge to the employee.

Face Protection

Face shields are required for all procedures that may spray, spatter or aerosolize blood or other potentially infectious material. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn when splash, spray, or aerosolized blood or OPIM may contact eye, nose, mouth or mucous membranes. Eyeglasses alone are not effective against infectious material. **If eyes or mucous membranes are sprayed or splashed with potentially infectious materials, the affected areas should be flushed with tap water for 15 to 20 minutes. After flushing, the individual must be transported for medical attention. The Emergency Room of PRMC will provide medical evaluation and follow-up for this type of exposure.**

Protective Footwear and Headwear

Disposable shoe covers and caps must be worn in situations where cross contamination is possible.

Additional PPE selections and such as use of CPR masks, head-nets, smocks, foot covering and aprons may be necessary to ensure employee safety in regards to bloodborne pathogens in certain workplace situations. Examples include the use of masks for exposure to fungi and TB, insulated gloves for handling heated materials and splash aprons.

V. HOUSEKEEPING AND LAUNDRY

Routine Cleaning

All areas of the worksite must be maintained in a clean and sanitary condition. All tables, counters, lab surfaces, etc. must be disinfected with fresh 10% chlorine bleach solution (or its equivalent) at least daily and immediately following completion of procedures involving human blood and OPIM.

Contaminated Work Surfaces and Other Fomites

Work areas, surfaces and contaminated objects must be decontaminated with freshly prepared 10% bleach or its equivalent disinfectant solution after completion of procedures involving and/or immediately following any spill of blood or OPIM. Recommended contact time for effective decontamination is 20-30 minutes.

Broken Glass

Broken glass must never be picked up by hand. Recommended mechanical means of clean up include use of a brush and dustpan, tongs or forceps. Utensils must be cleaned and decontaminated immediately after use. The contaminated glass should be disposed of in a sharps container.

Contaminated Sharps

Sharps should be placed in a properly marked puncture-resistant sharps container and labeled with a biohazard symbol. Containers for contaminated sharps shall be easily accessible to personnel and located in each separate procedure area. The containers shall be maintained upright throughout their use and replaced as needed and shall not be overfilled. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal. The sharps container shall be placed in a plastic bag-lined biohazard burn box and removed by Salisbury University's contracted licensed waste handler.

Autoclaves (steam sterilizers)

- A detailed description of the task or procedure including all of the applicable safety precautions, detailed in the Exposure Control Plan.
- Identification of the departmental point of contact for exposure incidents.

VII. HEPATITIS B VACCINATION PROGRAM

The University offers the HBV vaccination series to all personnel who have occupational exposure, and post-exposure follow-up to personnel who have had an exposure incident. All medical evaluations and procedures including the Hepatitis B vaccination series and post-exposure follow-up, including prophylaxis, shall be available to the personnel 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 health care professional, and provided according to the recommendations of the U. S. Public Health Service.

Supervisors shall refer new and existing employees identified as being at risk to the Office

order to determine HBV and HIV infectivity. If consent is not obtained, the person responsible for the Hepatitis B vaccination program shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented;

- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's HBV or HIV status need not be repeated, provided that appropriate documentation can be obtained;
- Results of the source individual's testing shall be made available to the exposed individual, along with information on applicable laws and regulations concerning disclosure of HIV and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained;
- The exposed individual will be offered the option of having their blood collected for testing of HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the person to decide if the blood should be tested for HIV serological status.

All university personnel who experience an exposure incident will be offered post-exposure evaluation and follow-ups in accordance with the OSHA standard and the CDC guidelines which are current at the time of the incident. The health care professional responsible for the persons Hepatitis B vaccination and post-exposure evaluation will be provided with the following by the Student Health Services:

- A copy of 29 CFR 1910. 1030;
- A written description of the exposed individual's duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the person including vaccination status.

The warning label must contain the word "Biohazard" along with the universal biohazard symbol and printed in fluorescent orange or orange-red color with lettering or symbols in a contrasting color.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

Signs

Signs will be posted at the entrance to work areas in which infectious and potentially infectious materials is used. Required signs will be fluorescent orange in a contrasting color and they must contain the following information:

- The universal biohazard symbol;
- The name of infectious agent;
- Special requirements for entering the area;
- Name and day/night time telephone numbers of the laboratory supervisor and/or other responsible person(s).

VIII. INFORMATION AND TRAINING

Training shall be required for all personnel who may have exposure to bloodborne pathogens in the course of their employment. Supervisors shall refer all new employees with a risk of exposure for training at the time of initial assignment. Training shall be repeated within twelve months of the previous training. Supervisors will also ensure that newly hired or transferred employees have an appointment for the HBV vaccine within 10 days of employment or reassignment or that they have signed the vaccine declination form.

Training shall be tailored to the education and language level of the personnel, provided at no cost to the personnel and during the normal work shift. The training will be interactive and cover the following:

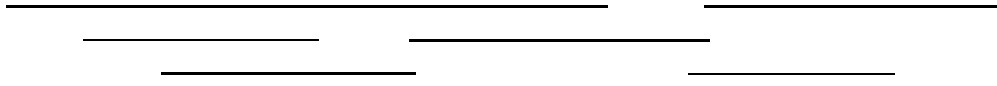
- The standard and its contents;
- The epidemiology and symptoms of bloodborne diseases;
- The modes of transmission of bloodborne pathogens;
- The Salisbury University Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy;
- The recognition of tasks that may involve exposure;
- The use and limitations of methods to reduce exposure, for example engineering controls, work practices and PPE;
- The types, use, location, removal, handling, decontamination, and disposal of PPE
- The basis of selection of PPE;
- The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and the cost, if any;

HEPATITIS B VACCINATION

NO –

EXPOSURE CONTROL PROTOCOL OUTLINE

Each unit must develop its own protocols for safety as the plan for the entire campus deals



circle