



LP 4.12

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VP for Finance and
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Bloodborne Pathogen (LP4.12)

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN AND PROCEDURES INCLUDING AEROSOL TRANSMISSIBLE DISEASES

REFERENCES: OSHA 29 CFR 1910.1030

1 Purpose

This policy describes Lander University's Bloodborne Pathogen (BBP) and Aerosol Transmissible Diseases (ATD) Exposure Control Plan, which has been established to ensure a safe and healthful work environment and to act as a performance standard for all employees. This goal is accomplished by minimizing employee exposure to blood or other potentially infectious materials.

2 Scope

This program addresses all occupational exposures to blood or other potentially infectious materials. (Examples of potentially infectious materials include bodily fluids containing Hepatitis B, HIV, or ATD). The federal Occupational Safety and Health Administration (OSHA) requires that all employers that can "reasonably anticipate exposure" of employees to infectious material prepare and implement a written Exposure Control Plan.

3 Definitions

- 3.1 **Blood** – Human blood, human blood components, and products made from human blood
- 3.2 **Bloodborne Pathogens** – Pathogenic microorganisms that are present in human blood and can cause disease in humans
- 3.3 **Bloodborne Pathogens Standard** – The regulations set forth in 29 CFR 1910.1030. This program is intended to maintain compliance with the Bloodborne Pathogens Standard
- 3.4 **Contaminated** – The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface

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- 3.5 **Contaminated Laundry** – Laundry or fabric which has been soiled with blood or other potentially infectious materials or may contain sharps
- 3.6 **Contaminated Sharps** – Any contaminated object that can penetrate the skin **including**, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires
- 3.7 **Decontamination** – The use of physical or chemical means to remove, **inactivate**, or destroy bloodborne pathogens on a surface or item to the point that they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal
- 3.8 **Engineering Controls** – Controls (solutions) that isolate or remove the bloodborne pathogens from the workplace
- 3.9 **Exposure** – Contact with a substance through inhalation, ingestion, injection, or absorption through the skin
- 3.10 **Exposure Incident** – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's occupational duties
- 3.11 **Handwashing Facility** – A facility providing an adequate supply of running potable **water**, soap, and single use towels or hot air-drying machines
- 3.12 **Hazard** – The ability of a condition, material, or procedure to cause harm or injury
- 3.13 **HBV – Hepatitis B Virus**
- 3.14 **HIV – Human Immunodeficiency Virus**
- 3.15 **Licensed Health Care Professional** – A person whose legally permitted scope of practice **allows** them to independently perform the activities involving HBV vaccination and post-exposure evaluation and follow-up
- 3.16 **Non-Intact Skin** – Skin that is broken, chapped, abraded, and/or weeping and/or has rashes or eruptions

- 3.17 **OSHA** – Occupational Safety and Health Administration – refer to the South Carolina Department of Labor
- 3.18 **Occupational Exposure** – Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material(s) that may result from the performance of an employee’s occupational duties
- 3.19 **Other Potentially Infectious Materials (OPIM)** – Any unfixed tissue or organ, except intact skin, from a human (living or dead) and HIV- or HBV-containing solutions such as HIV-containing cells or tissue cultures or 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. Any bodily fluid that is not identifiable should be considered potentially infectious material.
- 3.20 **Pathogen** – Organism able to cause disease
- 3.21 **Plan** – In this document refers to this Bloodborne Pathogen Exposure Control Plan and Procedures Including Aerosol Transmissible Diseases
- 3.22 **Regulated Waste** – Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM
- 3.23 **Source Individual** – Any individual, living or dead, whose blood or OPIM may be a source of occupation exposure to the employee
- 3.24 **Universal Precautions** – The treatment of all human blood and certain body fluids as if they are known to be infectious for HIV, HBV, or other bloodborne pathogens
- 3.25 **University** – Lander University
- 3.26 **Workplace Practice Controls** – Work practices that reduce the risk of exposure by altering the manner in which a task is performed

4 Responsibilities

4.1 Safety and Regulatory Compliance Officer

The safety and regulatory compliance officer has the overall responsibility for maintaining and implementing the Exposure Control Plan

4.2 Supervisors

Supervisors are responsible for exposure control in their respective areas.

4.3 All Employees

Employees must:

- 4.3.1 Know what tasks they perform that have potential for an occupational exposure
- 4.3.2 Plan and conduct all operations in accordance with university work practice controls
- 4.3.3 Develop good personal hygiene habits
- 4.3.4 Follow the directions in this policy when there is a potential or actual threat of BBP contamination, including immediately reporting to management, to include the Safety and Regulatory Compliance Officer should the occurrence warrant the involvement.
- 4.3.5 Attend training as required

4.4 Custodial Services

Custodial Services employees are responsible for cleaning up all bodily fluids.

4.5 Divisional/Departmental Responsibilities

- 4.5.1 Each division with employees classified as Category I or Category II, as described in Section 6 of this plan, is responsible for having a plan that addresses all aspects of occupational exposure and safety issues unique to each specific area.
- 4.5.2 Each division is responsible for providing annual training appropriate to for that specific area.
- 4.5.3 Responsibility for compliance rests with the division supervisor or department head.

5 Schedule of Implementation

- 5.1 **Implementation** – All elements of this Exposure Control Plan shall be implemented immediately unless otherwise noted
- 5.2 **Review** – This plan shall be reviewed and updated at least annually. Certain elements of this plan may be updated more frequently if needed
 - 5.2.1 Updates shall occur as follows:

- 5.2.1.1 To reflect changes in technology that have eliminated or reduced exposure to bloodborne pathogens
 - 5.2.1.2 To document consideration and implementation of appropriate commercially available and effective safer medical devices or PPE designed to eliminate or minimize occupational exposure
 - 5.2.1.3 To improve the plan, as new information is received and as needed
- 5.3 **Copy** – A copy of this plan shall be made accessible, upon request, to all current and future employees of the university
- 5.4 **Availability to OSHA** – This plan shall be made available to OSHA, if requested

6 Employee Categories

- 6.1 Because there are many different roles and tasks at Lander University that have varying exposure risks associated with them, each position has been assigned a risk category to ensure that employees receive the appropriate amount of training, are assigned the correct personal protective equipment (PPE), and have access to the proper vaccinations
- 6.1.1 **Category 1** - Tasks that involve exposure to blood, body fluids, or tissues. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues or a potential for spills or splashes of them. The following is a list of job classifications that have been classified as Category 1 occupational exposure:
- 6.1.1.1 Athletic trainers
 - 6.1.1.2 Nursing faculty
 - 6.1.1.3 Staff nurse
 - 6.1.1.4 University police officers
- 6.1.2 **Category 2** - Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category 1 tasks. The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment.
- The following is a list of job classifications that have been classified as Category 2 occupational exposure:

- 6.1.2.1 Faculty laboratory instructors
- 6.1.2.2 Physical plant custodians and plumbers
- 6.1.2.3 Physical Education & Exercise Science (PEES) faculty, athletic Department coaches
- 6.1.2.4 Campus recreation employees, employed by PEES Division or Student Affairs
- 6.1.2.5 Resident assistants

6.1.3 **Category 3** – Tasks that involve no exposure to blood, body fluids, or tissues, and Category 1 tasks are not a condition of employment. The typical routine involves no exposure to blood, body fluids, or tissues. This includes all employees who do are not in Category 1 or 2

6.2 Tasks and Procedures - The following is a list of tasks and procedures in which occupational exposure may occur at the university and that are performed by employees classified in Category 1:

- 6.2.1 Cleaning of blood or OPIM
- 6.2.2 Collecting, handling, or disposing of blood or OPIM
- 6.2.3 Rendering first aid
- 6.2.4 Cardiopulmonary resuscitation (CPR)
- 6.2.5 Finger sticks
- 6.2.6 Assisting in emergency situations
- 6.2.7 Oral assessments
- 6.2.8 Affecting an arrest
- 6.2.9 Collecting evidence at a crime scene/preserving evidence
- 6.2.10 Responding to individuals in a hostile situation
- 6.2.11 Frisking or “patting down” a subject

- 6.2.12 Transporting a wounded subject
- 6.2.13 Wound dressing
- 6.2.14 Plumbing repairs
- 6.2.15 Housekeeping duties where potentially infectious materials are discarded, stored, or may be present

6.3 A review/update of tasks and procedures will be completed annually by the area supervisor who is responsible for the task in cooperation with the safety and compliance regulatory officer.

7 Hepatitis B Vaccination

7.1 A Hepatitis B vaccination shall be made available to all employees who have a potential risk for occupational exposure, unless the employee has previously received the Hepatitis B vaccination series, antibody testing has revealed that the employee is immune to Hepatitis B, or the vaccination is contraindicated for medical reasons.

7.1.1 The vaccination shall be available at no cost to the employee.

7.1.2 The vaccination shall be available after the employee has received the training set forth in this plan.

7.1.3 The vaccination is available within ten (10) working days of initial assignment.

7.1.4 Employees who agree to receive vaccination must sign a copy of the Hepatitis-B Vaccine Informed Consent Form (Appendix B).

7.1.5 Employees who decline the vaccination must sign a copy of the Vaccination Declination Form (Appendix C).

7.2 The Office of Human Resources shall complete the Employee Categorization Form (Appendix A) in accordance with established categories in Section 6 of this plan.

7.2.1 A copy of the completed Employee Categorization Form shall be forwarded to the safety and regulatory compliance officer, who shall obtain the signature of the employee's supervisor.

8 Methods of Compliance

8.1 Universal Precautions

“Universal precautions” refers to the concept that all human blood and certain other body fluids should be treated as though they contain infectious agents or bloodborne pathogens.

8.2 Some materials which require the use of universal precautions are:

8.2.1 Blood

8.2.2 Semen

8.2.3 Vaginal fluids

8.2.4 Pleural fluid (fluid found around one’s lungs)

8.2.5 Synovial fluid (fluid found in the cavities of one’s joints)

8.2.6 Any fluid with visible blood

8.2.7 Any unidentifiable body fluid

8.2.8 Saliva

8.2.9 Feces

8.2.10 Sputum

8.2.11 Nasal secretions

8.2.12 Vomitus

8.2.13 Urine

8.2.14 Sweat

9 Hazard Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. If an occupational exposure risk remains after initiation of these controls, personal protective equipment (PPE) shall also be used

9.1 Employees whose tasks require them to be exposed to any risks should wear appropriate PPE (e.g., gloves) any time that household wastes are being handled.

- 9.2 Employees shall wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or any other PPE.
- 9.3 Following any contact to the body with blood or any other infectious materials, employees should wash their hands and any other exposed skin with soap and water as soon as possible.
- 9.4 If handwashing facilities are not available, Lander University will make available either an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes, upon request or as part of the response to a given situation.
- 9.5 Containers for contaminated sharps will be provided and used. Sharps (including needles) shall never be disposed of in normal trash containers.
 - 9.5.1 Containers will be leakproof, puncture-resistant, and color-coded or labeled with a biohazard warning label.
- 9.6 Contaminated needles and other contaminated sharps should not be handled if an employee is not AUTHORIZED or TRAINED to do so.
 - 9.6.1 Contaminated needles and other contaminated sharps are not to be bent or recapped.
- 9.7 Biohazard warning labeling shall be used on containers of regulated waste, sharps disposal containers, contaminated laundry bags and containers, and contaminated equipment.
- 9.8 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to biohazardous materials.
- 9.9 BBP kits are located with first aid kits in each building and are to be used in emergency situations by the first aid provider and as listed in the Universal Precautions PPE Matrix (see Section 10).
 - 9.9.1 Once the seal has been broken on a kit and any portion has been used, it is not to be reused. New BBP kits shall be ordered and replaced promptly.
 - 9.9.2 Red biohazard bags are identified by stickers and are located in the BBP kits. Contaminated supplies are to be disposed of as a biohazard.
- 9.10 Any employee who is Aerosol Transmissible Disease (ATD) symptomatic shall contact their supervisor via telephone and not report to work.
- 9.11 Employees who display ATD symptoms while at work shall notify their supervisor and remove themselves from the general population.

10 Personal Protective Equipment (PPE)

- 10.1 When the possibility of occupational exposure is present, PPE is to be provided at no cost to the employee. Lander University employees adhere to the following practices when using their PPE:
 - 10.1.1 Any garments penetrated by blood or other infectious materials will be removed immediately.
 - 10.1.2 All potentially contaminated PPE will be removed prior to leaving a work area.
 - 10.1.3 Gloves are worn whenever employees anticipate hand contact with potentially infectious materials or when handling or touching contaminated items or surfaces.
 - 10.1.4 Disposable gloves will be replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an “exposure barrier.”
 - 10.1.5 Masks and eye protection (e.g., safety glasses, goggles, face shields) will be used whenever splashes or sprays may generate droplets of infectious materials.
 - 10.1.6 Any PPE exposed to bloodborne pathogens shall be disposed of properly.
 - 10.1.7 PPE should be cleaned, laundered, and properly disposed of if contaminated.
 - 10.1.8 Lander University shall repair and replace PPE as needed to maintain its effectiveness.
- 10.2 Contaminated PPE will be disposed of in the designated container for storage, washing, decontamination, or disposal.
- 10.3 Refer to the Universal Precaution PPE Matrix provided in this section for general information regarding PPE.
 - 10.3.1 PPE for specialized tasks shall be determined based on the risk involved.

Universal Precautions PPE Matrix

PPE Exposure	Disposable gloves	Eye protection or medical face shield	Respiratory protection N95 disposable respirator
Standard housekeeping	X		
Housekeeping in ATD symptomatic exposed areas	X	X	X
Clean up of bodily fluids	X	X	X
First aid or CPR when bodily fluids are present	X	X	

11 Storage, Transport, and Shipping of Biohazards

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

11.2 Contaminated laundry shall be handled as little as possible.

11.2.1 Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed.

11.2.2 Contaminated laundry shall be placed and transported in bags or containers labeled and color coded in accordance with Section 16 of this policy.

11.3 Universal precautions shall be utilized during the handling of all specimens.

11.4 Before the specimens are transported or shipped, they shall be labeled as indicated in Section 16 of this policy.

11.5 All containers for storage, transport, or shipping of specimens shall be closed and sealed prior to being stored, transported, or shipped, except in situations where preservation of evidence would be undermined and the officers would not be in danger of exposure.

11.6 If the outside of the specimen container becomes contaminated, that container shall be placed within a second container which prevents leakage during handling.

11.6.1 This container shall also be properly labeled as indicated in Section 16 of this policy.

11.7 If a specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the other requirements of this section.

12 Contaminated Areas or Equipment

12.1 Equipment and areas that have become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or utilization and shall be decontaminated, as needed.

12.1.1 See Appendix G: Cleaning Procedures for Blood and Other Potentially Infectious Materials for a tool to guide you through proper cleaning procedures.

13 Post-exposure and Follow Up

13.1 An exposure incident occurs if an employee has contact with blood or other potentially infectious materials where the material comes in contact with the eye, mouth, or other mucous membrane, or with skin that is broken.

13.1.1 Only exposures that occur in work situations or the performance of job duties are covered by this policy.

13.2 The following are the protocols to be followed in the event of an occupational exposure to blood or body fluids through a sharp object injury or mucous membrane contact:

13.2.1 Immediate Site Management

13.2.1.1 Skin/sharp object injury – Cleanse immediately with warm soapy water.

13.2.1.2 Mouth – Rinse mouth well with copious amounts of water or rinse well with mouthwash.

13.2.1.3 Eyes – Flush with warm water or saline and irrigate completely for at least 15 minutes.

13.2.2 Report the injury to the supervisor.

13.2.3 Complete the written report of the injury.

- 13.2.4 Report immediately to the appropriate medical facility for follow-up.
 - 13.2.5 The supervisor will contact Human Resources and the safety and regulatory compliance officer.
 - 13.2.6 Refer to Appendix F: Post-Exposure Control Procedure Checklist for a tool to help manage the post-exposure process.
 - 13.2.7 Refer to Appendix G: Cleaning Procedures for Blood and Other Potentially Infectious Materials for a tool to list cleaning protocols for bloodborne pathogens.
- 13.3 An immediate and confidential post-exposure evaluation and follow-up will be conducted for any employee who has had an exposure incident, and will be conducted in accordance with the following requirements:
- 13.3.1 Evaluation and lab work made available at no cost to the employee
 - 13.3.2 Made available with the time frame currently recommended by the Centers for Disease Control and Prevention.
 - 13.3.2.1 The recommendation is for an immediate evaluation in the event that chemoprophylaxis (medication) is indicated.
 - 13.3.3 Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional
 - 13.3.3.1 See Appendix D: Employee Blood/Body Fluid Exposure Summary to be completed for each exposure incident and to supplement Workers Compensation and incident investigation forms
 - 13.3.4 Provided according to the recommendations of the U.S. Public Health Service at the time that each evaluation and procedure takes place
 - 13.3.5 All laboratory tests will be conducted by an accredited laboratory at no cost to the employee
- 13.4 The evaluation will include at least the following elements:
- 13.4.1 Documentation of the routes of entry and the circumstances surrounding the exposure incident
 - 13.4.2 Identification and documentation of the source individual, if feasible and if allowed by state and local law

- 13.4.3 Testing of the source individual's blood in order to determine HBV and HIV infectivity, if consented to. (Note: If consent is not obtained, the employee should consult a supervisor immediately to determine if probable cause exists to implement further action.) See Appendix H for written consent form.
 - 13.4.3.1 If the source individual is already known to be infected with HBV or HIV, source testing is not required.
 - 13.4.3.2 If the exposed individual has documentation of immunity for HBV, then source testing for Hepatitis B is not required.
 - 13.4.4 If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the blood sample shall be retained by the state laboratory for 90 days.
 - 13.4.4.1 If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible following consent.
 - 13.4.5 Counseling of the exposed employee to inform the employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual
 - 13.4.6 Post-exposure prophylaxis, when medically indicated as recommended by the U.S. Public Health Service
 - 13.4.7 Medical records will be maintained by the medical provider
- 13.5 Arrangements for implementation for the post-exposure follow-up will be made by the staff nurse through contract, or as appropriate, with medical professionals in the area.
- 13.5.1 The staff nurse shall ensure that Appendix E: Health Care Professional's Written Opinion for Post-Exposure Evaluation and Follow-Up is completed and provided to the medical professional.
- 13.6 Professionals responsible for the employee's Hepatitis B vaccination and for evaluating an employee after an exposure incident shall be provided with the following information by the Office of Human Resources:
- 13.6.1 A copy of the Bloodborne Pathogens Standard (OSHA 29 CFR 1910.1030)
 - 13.6.2 A description of the exposed employee's duties as they relate to the exposure incident

- 13.6.3 Documentation of the routes of exposure and the circumstances under which the exposure occurred
- 13.6.4 Results of the source individual's blood testing, if available
- 13.6.5 All medical records relevant to the appropriate treatment of the employee, including vaccination status (which are the employer's responsibility to maintain)

14 Healthcare Professional's Written Opinion

- 14.1 After consultation, the health professional will provide Lander University with a written opinion evaluating the employee's situation.
 - 14.1.1 Lander University shall provide Appendix E: Health Care Professional's Written Opinion for Post-Exposure Evaluation and Follow-Up to the professional to complete for this requirement.
 - 14.1.2 A copy of the written opinion will be provided to the employee within fifteen (15) days of the completion of the evaluation.
- 14.2 The written opinion for the Hepatitis B vaccination will contain only the following information:
 - 14.2.1 Whether the Hepatitis B vaccination is indicated for the employee
 - 14.2.2 Whether the employee has received the Hepatitis B vaccination
- 14.3 The health care professional's written opinion for the post-exposure evaluation and follow-up shall be limited to the following:
 - 14.3.1 Confirmation that the employee has been informed of the results of the evaluation
 - 14.3.2 Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment
- 14.4 All other findings or diagnoses will remain confidential and shall not be included in the health care professional's written opinion that will be held in the Office of Human Resources.
- 14.5 All medical records required under this section shall be kept in accordance with Section 18 of this policy.

15 Exposure Incident Investigation

15.1 The Lander University Safety Department will investigate every reported exposure incident.

15.2 The investigation report will include the following:

15.2.1 The routes of exposure and circumstances

15.2.2 The cause(s) of the exposure

15.2.3 Recommendations to prevent similar incidents in the future

16 Communication of Hazards to Employees

16.1 Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials, unless they are clearly labeled as being subject to universal precautions.

16.1.1 Labels required by this section shall include the universal biohazard symbol and the word BIOHAZARD.

16.1.2 Three labels shall be florescent orange or orange-red with lettering or symbols in a contrasting color.

16.1.3 Required labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

16.1.4 Red bags or red containers may be substituted for labels.

16.1.5 Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical are exempted from these labeling requirements.

16.1.6 Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

16.1.7 Regulated waste that has been decontaminated need not be labeled or color-coded.

17 Information and Training

17.1 All employees with potential occupational exposure shall be trained on the following items:

17.1.1 The elements of the Bloodborne Pathogens standard (29CFR 1910.1030)

17.1.2 The epidemiology and symptoms of bloodborne diseases

17.1.3 The modes of transmission of bloodborne pathogens

17.1.4 The Hepatitis B vaccine, including its efficacy, safety, method of administration, and benefits of being vaccinated

17.1.5 The recognition of tasks and other activities that may involve exposure to blood and other potentially infectious materials

17.1.6 Methods that prevent or reduce exposure, including appropriate engineering controls, work practice controls, and PPE

17.1.7 The types, proper use, location, removal, handling, decontamination, and disposal of PPE

17.1.8 The basis of PPE selection

17.1.9 The appropriate actions to be taken and the persons to be contacted in the event of an emergency involving blood or other potentially infectious materials

17.1.10 The procedure to be followed in the event that an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be available

17.1.11 The required signs and labels required in Section 16 of this policy

17.1.12 The method of obtaining a copy of the Bloodborne Pathogens Standard and the Lander University Exposure Control Plan

17.2 Training shall take place as follows:

17.2.1 At the time of initial assignment to tasks where occupational exposure may take place

17.2.2 Annually thereafter within one year of the previous training

17.2.3 Additional training shall be provided when changes (e.g., modification of tasks or procedures) affect the employee's potential for occupational exposure

17.2.3.1 Additional training may be limited to the new exposures

17.2.4 Training specific to jobs in various areas within the university will be conducted by the designated trainer for that specific area.

17.3 The trainer shall be knowledgeable regarding the subject matter to be covered.

18 Medical and Vaccination Records

18.1 Employee medical records shall be kept by the health care provider who is contracted to handle exposure incidents.

18.2 Incident reports and Hepatitis B vaccination status, and any other records deemed appropriate, will be kept by the safety and regulatory compliance officer in accordance with the following:

18.2.1 The university shall establish and maintain an accurate record for each employee who has the potential for an occupational exposure, which shall include:

18.2.1.1 The name and Social Security number of the employee

18.2.1.2 A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations

18.2.1.3 Any medical records related to the employee's ability to receive vaccination

18.2.1.4 A copy of all results of examinations, medical testing, and the follow-up procedures in the event of an exposure

18.2.1.5 The employer's copy of the health care professional's written opinion in the event of an exposure

18.2.1.6 A copy of the information provided to the health care professional

18.3 All employee medical records will be kept confidential and shall not be disclosed or reported, except with the employee's expressed written consent, to any person within or outside of the workplace, except as required by the Bloodborne Pathogen Standard or as may otherwise be required by law, as listed below:

- 18.3.1 Employees may have access to their own medical records.
 - 18.3.2 Other parties may have access to the employee's medical records with the written consent of the subject employee.
 - 18.3.3 OSHA representatives may have access upon their written request. Employee information may be redacted, if appropriate.
- 18.4 Employee medical records kept by the contracted medical professional, and records relating to exposure events kept by Lander University shall be maintained for at least the duration of the employee's employment plus thirty (30) years.
- 18.5 The safety and regulatory compliance officer shall keep a log to document all injuries from sharps
- 18.5.1 The log shall be kept in a manner to document the frequency of incidents and to be used in reference during an incident investigation.

19 Training Records

- 19.1 Employee training records shall be maintained by the safety and regulatory compliance officer.
- 19.2 The area supervisor is responsible for arranging for, and ensuring that, required annual training for all employees in their area has been completed, and for forwarding a copy of all training documentation to the safety and regulatory compliance officer.
- 19.3 Employee training records shall include the following information:
 - 19.3.1 The dates of training sessions
 - 19.3.2 The contents or a summary of the training sessions
 - 19.3.3 The name(s) and title(s) of the person(s) conducting the training
 - 19.3.4 The names, employee numbers, work locations, and job titles of all persons attending the training sessions
 - 19.3.5 Training records shall be maintained for three (3) years from the date on which the training occurred.
- 19.4 Training records shall be made available upon request in writing to the following:

19.4.1 A representative from OSHA

19.4.2 Employees

20 Policy Revision History

- First draft of policy submitted by the vice president for finance and administration on 8/5/2024.
- Prepared for board review by policy coordinator on 8/8/2024.
- Reviewed by Board of Trustees Policy Committee on 8/20/2024.
- Comments and questions on policy addressed by vice president for finance and administration on 8/27/2024.
- Approved by the Lander University Board of Trustees on 9/10/2024.

APPENDIX A: EMPLOYEE CATEGORIZATION FORM



Purpose: To Identify each employee who is at risk of exposure to blood and body substances during the course of their employment and to offer vaccination to each employee who is potentially at risk for the Hepatitis B virus. This form should be completed by the department head or supervisor.

Employee Name: _____ Date of Hire: _____
Job Title: _____ Department: _____
Supervisor: _____ Date Sent to Safety: _____

Important Instructions: Check the appropriate category of risk for the employee for the employee listed above. All Category I and II employees must be referred to Health Services for vaccination. Any employee who refuses vaccination must sign a refusal form.

- Category I: Tasks that involve exposure to blood, body fluids, or tissues. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them. Examples include medical personnel.
- Category II: Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks. The usual work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment. Examples include sanitation employees.
- Category III: Tasks that involve no exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment. The usual routine involves no exposure to blood, body fluids, or tissues. Examples are tasks that involve handling of utensils, the use of public or shared bathroom facilities, shaking hands, etc.

Employee: I have been informed of my category of risk and understand that the Hepatitis B vaccine is available to me at no cost on a voluntary basis.

Employee Signature: _____ Date: _____
Benefits Administrator: _____ Date: _____

APPENDIX B: HEPATITIS-B VACCINE INFORMED CONSENT FORM

I understand that:

1. Injection with the Hepatitis-B vaccine does not guarantee that I will become immune to Hepatitis-B disease.
2. The vaccine may not be effective if I am already incubating the Hepatitis-B virus.
3. The vaccine only protects against Hepatitis-B.
4. The Hepatitis-B vaccine is a series of three (3) injections, with the second injection to be administered one month after the first injection and the third injection to be administered six months following the second injection. The vaccination is in effect for twenty (20) years to life.
5. I will not hold Lander University responsible for any side effects of the vaccination that may occur. Side effects may include (but not be limited to): tenderness, redness, swelling at the injection site; low-grade fever; rash; nausea; joint or muscle pain; headache; or mild fatigue.
6. While studies show the Hepatitis-B vaccine to be safe for pregnant women, I will consult with my physician before receiving or continuing to receive the vaccination series.

To the best of my knowledge, I:

1. DO NOT have an allergy to yeast mold, thimerosal, or mercury.
2. DO NOT have an elevated temperature or signs/symptoms of infection.
3. DO NOT have an immunodeficiency.
4. AM NOT taking chemotherapy or immunosuppressive therapy.
5. AM NOT pregnant or breast feeding OR have received approval from my physician to receive the vaccination if pregnant or breast feeding.

I consent to a series of injections of the Hepatitis-B vaccine, according to Lander University policies and procedures. I have been provided with education regarding the Hepatitis-B vaccine and the general risks and benefits associated with this vaccination. I have been informed of the risks associated with refusal to take the Hepatitis-B vaccine. I have been informed of the possible side effects and contraindications of the vaccine. I have voluntarily chosen to receive these vaccinations and understand that I may withdraw consent at any time.

Vaccination Signature and Dates for _____ (Employee Printed Name)

- | | | |
|---------------------|-------------|-------------|
| 1. Signature: _____ | Date: _____ | Lot#: _____ |
| 2. Signature: _____ | Date: _____ | Lot#: _____ |
| 3. Signature: _____ | Date: _____ | Lot#: _____ |

APPENDIX C: VACCINATION DECLINATION FORM

Date: _____

Employee Name: _____

Employee ID#: _____

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 myself.

Employee Signature

Date

Supervisor Representative Signature

Date

APPENDIX D: EMPLOYEE BLOOD/BODY FLUID EXPOSURE SUMMARY



Confidential Employee Blood/Body Fluid Exposure Summary
(To supplement workers compensation and incident investigation forms)

HISTORY

Employee Name: _____ Job Title: _____

District: _____ County Code: _____

Date & Time of Exposure: _____

Clinic Name: _____ Phone: _____

Vaccination Status: Dose 1: Dose 2: Dose 3: Refused: Date Series Completed: _____

EXPOSURE INFORMATION

Date & Time of Exposure: _____ Activity: _____

Check all that apply

Type of sharp (check one): Needle stick Lancet/Autolet Other sharp _____

Was the sharp clean/sterile or contaminated? Clean Contaminated Visible Blood: Yes No

Was blood or OPIM injected into the healthcare worker? Yes No

Mucous membrane splash: Eye Mouth Nose

Open wound contamination: Yes No If yes, describe: _____

Other exposure: _____

Type of blood/body fluid: Blood Vomitus Urine Semen Vaginal Secretion Sputum

Wound secretion Other (specify) _____

Is the source patient known? Yes No If no, state source of sharp or fluid: _____

HIV (written informed consent:

Baseline Date: _____ Result: _____

6 Weeks Date: _____ Result: _____

3 Months Date: _____ Result: _____

12 Months Date: _____ Result: _____

SEROLOGIC TESTING FOR SOURCE PATENT

HBsAg Date: _____ Result: _____

Anti-HBsAg Date: _____ Result: _____

RPR Date: _____ Result: _____

HIV (written informed consent) Date: _____ Result: _____

HEALTHCARE WORKER/EMPLOYEE POST-EXPOSURE INJECTIONS

	MI/Route/Site	Date	Signature
Td Booster	_____	_____	_____
HBIG or IG	_____	_____	_____

Hepatitis B Vaccine

	MI/Route/Site	Date	Signature
Dose One	_____	_____	_____
Dose Two	_____	_____	_____
Dose Three	_____	_____	_____
Booster	_____	_____	_____

COMMENTS/CONTINUATION NOTES

Health Service Nurse/Designee Signature

Date

Original retained in Lander University Office of Human Resources

APPENDIX E: HEALTH CARE PROFESSIONAL'S WRITTEN OPINION FOR POST-EXPOSURE EVALUATION AND FOLLOW-UP

The following steps must be taken, and information transmitted in the case of an employee's exposure to bloodborne pathogens.

Hepatitis B Vaccination is indicated for this employee: Yes No

If Yes, has the employee previously received or is currently receiving Vaccination series:

Yes No N/A If declined, enter the date the employee declined vaccination: _____

Please check each box for each activity and enter the date it was completed:

Employee has been informed of the results of the post-exposure evaluation. Date: _____

Employee has been told about medical conditions resulting from the exposure incident which may require further evaluation or treatment. Date: _____

Appointment arranged for the employee with a healthcare professional. Date: _____

Professional's Name: _____ Date of Appointment: _____

Other relevant medical information is present (See employment health record): Yes No

The following documentation has been forwarded to the healthcare professional:

- Bloodborne Pathogens Standard
- Description of exposed employee's duties
- Description of exposed incident, including routes of exposure

Employee Name

Date

Employee Signature

Name of Health Service Nurse/Other Health Care Professional

Date

Signature of Health Service Nurse/Other Health Care Professional

APPENDIX F: POST-EXPOSURE CONTROL PROCEDURE CHECKLIST

This document is a tool to provide consistent, timely, appropriate, and confidential management of employees who have sustained an occupational exposure to bloodborne pathogens and to ensure that all necessary steps have been taken after the exposure event. If all steps listed on this form have been completed, the policy has been fully implemented for the event.

- If the injuries are life threatening, call 911 immediately

- Ensure the proper immediate first aid takes place:
 - Skin/sharp object injury – cleanse immediately with warm soapy water

 - Mouth – rinse mouth well with copious amounts of water or rinse well with mouthwash

 - Eyes – Flush with warm water or saline and irrigate completely for at least fifteen (15) minutes

- Make the employee aware of the necessary protocol for the initiation of treatment, including chemoprophylaxis, which must begin within two hours of exposure

- Identify the source individual and obtain written consent for source blood testing (Appendix H)

- Notify the Office of Human Resources and the Office of Student Health Services so that immediate action can be taken to begin post-exposure treatment. (If the incident occurs during a time that these offices are closed, contact the University Police for assistance.)
 - The Office of Student Health Services will ensure that the employee receives proper medical treatment (for non-life-threatening injuries) and treatment for the exposure

- Notify the safety and regulatory compliance officer

- Fully clean and disinfect the area utilizing cleaning procedures listed in Appendix G or other approved university cleaning procedures

- Complete the written report of the exposure incident

APPENDIX G: CLEANING PROCEDURES FOR BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS

- Block off the area with safety cones, caution tape, or other means to ensure that employees and students are not exposed to the blood or other potentially infectious materials
- Ensure that you are wearing PPE (e.g., disposable gloves, eye protection or medical face shield, N95 disposable respirator)
- Remove all sharps or anything that may cause a tear in your PPE using tongs or a pan and brush
- Discard broken glass, sharps, or any debris that have been removed from the fluids in a sharps container. (If this is not possible due to the size of the broken glass or debris, place it in another container that will not be torn or punctured and properly label the container according to Section 16 of the Lander University's Bloodborne Pathogens Exposure Control Plan)
- Use paper towels to absorb as much of the body fluids as possible
- Wipe the area with water and detergent until it is visibly clean
- Saturate the area again with a 1:1 dilution of hypochlorite bleach or other tuberculocidal disinfectant (which should be freshly prepared)
- Let set for 10 minutes
- Wipe the area clean with disposable paper towels
- Disinfect cleaning tools and supplies
- Remove gloves, without touching the outside of them, and discard them with the other contaminated waste
- Wash hands thoroughly with soap and water
- Ensure that all waste is properly labeled, according to Section 16 of Lander University's Bloodborne Pathogens Exposure Control Plan

APPENDIX H: BLOOD TESTING CONSENT FORM FOR SOURCE INDIVIDUAL

This form is to be used to obtain consent from the source individual, when there has been an occupational exposure event to bloodborne pathogens or other potentially infectious materials. When the source individual is already known to be infected with a bloodborne pathogen, testing for the known pathogen need not be repeated.

Source individual name: _____

List the known bloodborne pathogens for the source individual. Examples include Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV):

Source Individual will read and complete one of the below sections.

Gives Consent:

I, _____, as the source individual, agree to have blood drawn to test my blood for serological evidence of infectious diseases including, but not limited to, Hepatitis B, Hepatitis C, and HIV.

My signature confirms that I have read this consent and **agree** to testing and the release of test results to Lander University and medical professionals who are assigned to this case.

Source Individual

Date

Does not Consent:

I have read the above information and understand why I have been asked to give consent for blood testing for serological evidence of infectious diseases, but I **do not** give consent at this time.

Source Individual

Date