



AMERICAN UNIVERSITY
WASHINGTON, DC

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Contract and Risk Management
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1.0 POLICY AND PROGRAM ADMINISTRATION

American University (AU) is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) has been developed to eliminate or minimize occupational exposure to bloodborne pathogens (BBPs) in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard found in the Code of Federal Regulations (CFR) 29 CFR 1910.1030 (Appendix A).

The ECP is a key document to assist the university in implementing and ensuring compliance with the BBP standard. The ECP only covers AU employees. Students not employed by AU are not covered by the standard. This ECP is based upon OSHA's model plan and, as required by the standard, includes:

1. Determination of employee exposure;
2. Implementation of various methods of exposure control, including:
 - Universal precautions,
 - Engineering and work practice controls,
 - Personal protective equipment (PPE), and
 - Housekeeping;
3. Hepatitis B vaccination;
4. Post-exposure evaluation and follow-up;
5. Communication of hazards to employees and training;
6. Recordkeeping; and
7. Procedures for evaluating circumstances surrounding an exposure incident.

1.1 Program Administration

The contract and risk management office is responsible for the implementation and overall oversight of American University's ECP. The university's risk analyst will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Individual departments, as identified below, will be responsible for the implementation of the ECP for their specific employees. These departments are identified as: □

1. Student health center,
2. Department of athletics,
3. Department of psychology,
4. Facilities and administrative services (FAS), and
5. Other departments as identified after completing the worksheet attached as Appendix B.

FAS has implemented a separate ECP for its employees. A copy of the ECP utilized by FAS is attached as Appendix C.

2.0 DEFINITIONS

The following definitions, taken directly from OSHA's Bloodborne Pathogens standard found at 29 CFR 1910.1030(b), will apply to this ECP.

Blood – Human blood, human blood components, and products made from human blood.

Bloodborne Pathogen – 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 that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps – Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls – Controls (e.g. sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident – A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Licensed Healthcare Professional – A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) [of the Bloodborne pathogens standard] “hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.”

HBV – Hepatitis B virus.

HIV – Human immunodeficiency virus.

□

Needless 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, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance on an employee's duties.

Other Potentially Infectious Materials (OPIM) – Means (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 fluid in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral – Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, and blouses) not intended to function as protection against a hazard 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; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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 are not in the volume of production facilities.

Source Individual – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individual who donate or sell blood or blood components.

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

Universal Precautions – An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. □

3.0 EMPLOYEE EXPOSURE DETERMINATION

3.1 Job Classifications with Occupational Exposure

The following is a list of all job classifications at AU in which all employees have occupational exposure:

<u>Department/Location</u>	<u>Job Title</u>
Student health center	Physician
Student health center	Physician assistant
Student health center	Nurse practitioner
Student health center	Registered nurse

Health practitioners identified at the student health center provide basic health care and evaluations for students. Examples of tasks with occupational exposure include:

- Collecting blood (venipuncture),
- Providing shots (injections),
- Providing initial first aid,
- Initiating an IV,
- Performing gynecological examinations, and
- Providing inhalation therapy.

3.2 Job Tasks with Occupational Exposure

The following is a list of job classifications at AU in which some employees have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may reasonably occur for these individuals:

<u>Department</u>	<u>Job Title</u>	<u>Task</u>
Athletic department	Coach	Providing CPR or first aid
Athletic department	Trainer	Providing CPR or first aid

□

Athletic department	Laundry worker	Cleaning contaminated laundry
Biology department	Researcher	Handling animals with human pathogens
Biology department	Researcher	Microbiology projects with human pathogens
Bldg. maintenance operations	Plumber	Exposure to raw sewage from health center
Central plant operations	Plumber	Exposure to raw sewage from health center
Fitness center	Shift supervisor	Providing CPR or first aid
Grounds services	Groundskeepers	Picking up needles, used condoms, etc.
Public safety	Patrol officer	Providing CPR or first aid
Public safety	Patrol officer	Apprehending uncooperative suspect
Psychology department	Researcher	Handling animals with human pathogens

Fitness center instructors are student employees with cardiopulmonary resuscitation (CPR) training. Although these employees are not required to render CPR, the training is provided for their use on a voluntary basis. OSHA guidance regarding employees that are trained and designated as responsible for rendering first aid or medical assistance as part of their job duties are covered under the BBP standard. However, OSHA will consider it a “de minimis” violation (a technical violation carrying no penalties) if employees who administer first aid as a collateral duty to their routine work assignments, are not offered the pre-exposure hepatitis B vaccination, provided that certain conditions are met. The conditions that must be met are described in Section 5.0 (Emergency First Aid). The de minimis classification for failure to offer hepatitis B vaccination in advance of exposure does not apply to personnel who provide first aid at a clinic, first aid station, dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work.

Contaminated laundry is laundry that has been soiled with blood or other potentially infectious materials (OPIM) or may contain sharps. Therefore, any laundry workers with duties to launder athletic uniforms or towels contaminated with blood or OPIM will be considered an employee with potential occupational exposure. Contaminated laundry will be segregated from other laundry according to procedures identified in Section 4.6 (Laundry) and only handled by employees appropriately trained and vaccinated according to the provisions of this ECP.

Academic research laboratories that produce or use laboratory scale amounts of HIV or HBV are covered by the BBP standard. Currently, there are no HIV or HBV research activities at

AU. The BBP standard only covers exposure to animal blood purposely infected with HIV or HBV. Although OSHA guidance does not consider other animal blood to be covered under the standard, persons handling animals or animal blood should follow general precautions as recommended by the Centers for Disease Control (National Institutes of Health publication 88-8395 - *Biosafety in Microbiological and Biomedical Laboratories*). □

Although contact with raw sewage (not originating from a health care facility) poses a number of health hazards, OSHA does not consider these hazards to be related to bloodborne pathogens, unless otherwise determined a hazard by the employer. FAS has elected to include all of plumbing employees that may potentially be exposed to raw sewage in their ECP.

3.3 Contract Employees

Part-time, temporary, contract and per diem employees are covered by the BBP standard. AU utilizes many contractors to perform specialized tasks at the university and requires these entities (by contract) to implement their own ECP, including hepatitis vaccinations to their employees identified with occupational exposure that may reasonably occur.

OSHA considers “personnel providers”, who send their own employees to work at other facilities, to be employers whose employees may be exposed to hazards and considers the “client” employer (AU) as the source that creates and controls the hazard. Therefore, OSHA guidance delineates a shared responsibility for contract employees. Contractors must provide their contract employees with general training as outlined in the BBP standard; ensure their contract employees are provided with required vaccinations; and provide follow-up evaluations following an exposure incident. American University employees responsible for the oversight of contractors doing business with the university must ensure that contractors provide site-specific training and that contract employees understand and have proper training regarding the use of personal protective equipment. University contract and project managers will control potential exposure conditions on campus. OSHA recognizes that the university may specify what qualifications are required of supplied personnel, including vaccination status. OSHA further recommends that the contracts clearly describe the responsibilities of American University and its contractors in order to ensure that all requirements of the BBP standard are met.

Contract employees that may have tasks with occupational exposure are identified below:

<u>Contractor</u>	<u>Job Title</u>	<u>Task</u>
Aramark	Custodian	Cleaning blood or OPIM
Aramark	Custodian	Cleaning student health center exam rooms
SteriCycle	Waste transporter	Collecting and transporting regulated waste

OSHA guidance regarding a worker whose job includes the cleaning and decontamination of contaminated areas or surfaces with a reasonable anticipation of contact with blood or OPIM considers the worker to have occupational exposure. Therefore, all AU contractors with responsibility to clean examination rooms in the student health center, or visible blood or OPIM elsewhere on AU property (such as blood resulting from an accident in the fitness center), should be properly trained by their employer to include these scenarios at the university.

OSHA guidance regarding housekeeping, maintenance and janitorial staff in non-health care facilities does not generally consider these workers to have occupational exposure, but does require the employer to evaluate the specific circumstance(s) anticipated. Employees who handle linens soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomitus, or saliva are not considered occupationally exposed as long as blood is not observed. Therefore, AU contractors with responsibility to work dormitory rooms are not considered occupationally exposed unless specific circumstances are otherwise determined. These workers should be trained to recognize visible blood or OPIM, and instructed to avoid working around contaminated areas if encountered unless they are included in a BBP program and use universal precautions.

Additionally, OSHA expects products such as discarded sanitary napkins to be discarded into waste containers that are lined in such a way to prevent contact with the contents during normal handling of such products. Therefore, AU contractors with janitorial responsibilities (excluding the student health center and other areas identified with contaminated areas) are not considered occupationally exposed. These workers should be trained to recognize visible blood or OPIM, and instructed to avoid working around contaminated areas if encountered unless they are included in a BBP program and use universal precautions.

4.0 METHODS OF IMPLEMENTATION AND CONTROL

4.1 Universal Precautions

Universal precautions is an approach to infection control than treats all human blood and certain human body fluids as if they are known to be infectious for HIV, HBV and other infectious bloodborne pathogens. All employees will utilize universal precautions when working with blood or OPIM.

4.2 Exposure Control Plan

Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP during their initial training session. This ECP will also be reviewed in their annual refresher training. Each affected department identified in Sections 1.1 and 2.0 will maintain a copy of the ECP at a location identified in their individual “department-specific” plan. The master copy of the university ECP is maintained by the contract and risk management office. All AU employees have an opportunity to review this plan at any time during their work shift by contacting their supervisor or the university risk analyst. If requested, the employee will promptly be provided with a hard copy of the ECP (no less than 15 working days).

Deans, directors and/or department managers (or their designees) are responsible to ensure that their employees with job titles identified in Section 3.1 as employees with exposure to BBP or that perform tasks identified in Section 3.2 as tasks with potential exposure to BBPs will be properly trained. Deans, directors, and/or department managers should ensure that supervisors are aware of the requirements for their employees. Supervisors with transient student staff (e.g. fitness center and laboratory workers) should review the ECP prior to each semester to ensure that it is accurate and up-to-date. All changes should be forwarded to the contract and risk management office to ensure the master ECP is appropriately revised.

The contract and risk management office is responsible for reviewing and updating the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational

exposure. A formal review of the ECP will be conducted each August prior to commencement of the new school year. □

4.3 Engineering Controls and Work Practices

Departments are required to institute a comprehensive program, including engineering controls (e.g., needleless devices, shielded needle devices, and plastic capillary tubes) and proper work practices (e.g., no hands procedures in handling contaminated sharps) to prevent exposure to bloodborne pathogens. Accordingly, AU will use both engineering and work practice controls to eliminate occupational exposure or reduce it to the lowest feasible extent.

4.3.1 Engineering Controls

Syringes may be used by health practitioners at the student health center to administer shots and to collect samples of blood or other OPIM. Only syringes with engineered protective systems (such as sheathed or retractable needles) used for injections, or that may otherwise come into contact with blood or other OPIM, will be used at the student health center. Needles that will not become contaminated by blood during use (such as those only used to draw medications from a vial or in a chemistry laboratory) are not required to have engineered protective systems.

Intravenous (IV) systems may be initiated at the student health center. Only IV systems with engineered protective systems will be used at AU.

4.3.2 Work Practice Controls

Contaminated, or potentially contaminated, needles shall not be bent, recapped, sheared, or removed. Potentially contaminated needles, glass or other sharps will be disposed of in sharps containers (that meet the requirements defined in Section 4.7 - Housekeeping) immediately after use. All sharps containers will be disposed before they are completely filled and will not be emptied by hand. Should AU determine that sharps containers should be emptied for reuse, the container must be emptied in a manner that is

completely automated and does not involve the use of employee's hands. Under no circumstance should an AU employee place their hand inside a container whose contents include sharps contaminated with blood or OPIM. □

Contaminated, or potentially contaminated, broken glass or needles will not be picked up directly with the hands. The tool(s) used in the cleanup of broken glass (e.g. forceps) will be decontaminated or discarded. Vacuum cleaners are not appropriate to pick up contaminated glass and will not be used for this purpose at AU.

Gloves will be used for all phlebotomies. OSHA allows vaccines or other intramuscular shots to be administered without wearing protective gloves if no blood is anticipated. If employees administer intramuscular shots, the recipient of the shot will be required to place a gauze on the injection site if bleeding occurs.

No eating, smoking, drinking, or application of cosmetics or lip balm is allowed where blood or OPIM are present. For the purposes of this ECP, hand cream is not considered a cosmetic. However, petroleum-based hand creams may adversely affect the integrity of protective gloves and should not be avoided.

All procedures involving blood or OPIM shall be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited. Equipment that may become contaminated with blood or OPIM will be examined prior to servicing or shipping and shall be decontaminated as necessary, unless it is documented that decontamination of such equipment (or portions of such equipment) is not feasible. An appropriate disinfectant is defined as an EPA-listed tuberculocidal germicide or a bleach diluted between 1:10 and 1:100 with water. Quaternary ammonium compounds that have not been listed by the EPA as a tuberculocidal germicide are not acceptable to OSHA.

4.3.3 Annual Review of Engineering and Work Practice Controls

American University will review and update this exposure control plan at least annually (every 12 months) and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. This review must reflect innovations in procedures and technological developments that will eliminate or reduce exposure to bloodborne pathogens.

Medical suppliers, technical literature, and internet search engines will periodically be reviewed to review technological innovations by the director of the student health center. Other medical practitioners will be encouraged to perform these reviews for their professional development and to forward new and innovative technologies to their supervisors and other peers.

4.3.4 Employee Involvement in Engineering and Work Practice Controls

American University will solicit input from non-managerial employees responsible for direct patient care in the identification, selection, and evaluation of effective engineering and work practice controls and to document the solicitation in the ECP. Although, AU is not required to request input from each and every exposed employee, the employees selected must represent the range of exposure situations encountered in the workplace and the process must be documented and the employees (or their positions) identified.

The Training for Development of Innovative Control Technology Project (TDICT) has developed guidelines and a series of safety feature evaluation sheets to evaluate various engineering technologies. These guidelines and evaluation forms will be utilized by the student health center to evaluate engineered sharps protection for needles, IVs and other sharps utilized by the medical staff. Copies of the guidelines and evaluation sheets are present in Appendix D. Written copies of these evaluations performed will be maintained in the student health center and copies forwarded to the contract and risk management office.

□
Additionally, potential BBP engineering control concerns and/or innovations will be a discussion point at monthly meetings of student health center health practitioners.

4.4 Personal Protective Equipment

Personal protective equipment (PPE) to prevent or minimize exposure to BBPs is provided to AU staff at no cost to the employee. The types of PPE available to employees are as follows:

- Disposable latex or hypoallergenic gloves,
- Impermeable lab coats,
- Face shields, goggles, and/or protective eyeglasses, and
- Mouth-to-mouth resuscitative face shields.

Responsibility for ensuring the PPE is available and in good condition is shared between the affected employees and their supervisors.

Health practitioners in the student health center maintain their own PPE kit in their respective examination rooms. These individuals are responsible for maintaining a complete kit of PPE that minimally includes disposable examination gloves, eye protection, mouth-to-mouth resuscitation face protection, a surgical type facemask, and an impermeable lab coat.

Athletic coaches and trainers with first aid/CPR responsibilities will maintain PPE with their respective first aid kits. These individuals are responsible for maintaining a complete kit of PPE that minimally includes disposable gloves, eye protection, mouth-to-mouth resuscitation face protection and an impermeable lab coat or other protection for their clothing.

Laundry workers that handle contaminated clothing are responsible for minimally disposable examination gloves and eye protection for working with contaminated laundry.

All university employees must observe the following precautions and work practices involving PPE:

- Hands must be washed immediately, or as soon as feasible, after removal of gloves or other PPE.

- PPE must be removed after it becomes contaminated with blood or OPIM and before leaving the work area. □
- Used PPE may be disposed in common trash or laundry if it has not been contaminated with blood or OPIM. Otherwise, it will be managed and disposed of as regulated waste in accordance with procedures and practices specified in Section 4.5.
- Appropriate gloves must be worn where it is reasonably anticipated that there may be hand contact with blood or OPIM, or when handling or touching contaminated items or surfaces. Gloves must be replaced if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Disposable gloves will not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if their integrity is not compromised. The utility gloves must be disposed of if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Any garment that is contaminated with blood or OPIM must be removed immediately (or as soon as feasible) in a manner to avoid contact with the outer surface.
- Appropriate face or eye protection will be worn whenever there is a reasonably anticipated hazard of a splash, spray, or spatter of droplets of blood or OPIM to the eyes, nose, or mouth.

The procedure for handling used PPE at AU is as follows:

- Disposable gloves will be disposed of in red bags (described in Section 4.5) and handled as regulated waste.
- Contaminated laundry (e.g. reusable lab coats) will be stored in red bags and laundered as contaminated laundry.
- Reusable PPE (such as eye glasses, goggles, and face shields) will be promptly washed with warm water after use. If the PPE was contaminated, or potentially contaminated, with blood or OPIM, it will be decontaminated with an appropriate disinfectant. An appropriate disinfectant is defined as an EPA-listed tuberculocidal germicide or a bleach diluted between 1:10 and 1:100 with water. Quaternary ammonium compounds that have not been listed by the EPA as a tuberculocidal germicide are not acceptable to OSHA.

4.5 Housekeeping

Regulated waste will be placed in containers that are closable, constructed to contain all contents, prevent leakage, appropriately labeled or color-coded (see Section 4.7 - Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps will be discarded immediately, or as soon as possible, in containers that are closable, puncture-resistant, leak-proof on the sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers must be easily accessible and as close as feasible to the immediate area where sharps are used. Sharps disposal containers are located in the following locations:

- Each examination room (five rooms) in the student health center,
- The student health center lab,
- Fitness center (location to be determined),
- Athletic department (location to be determined), and
- Any laboratory working with human pathogens.

Sharps disposal containers and other regulated wastes will be sealed and disposed of through a licensed biological waste disposal provider. AU currently uses SteriCycle to provide these services and the sharps containers are incinerated by SteriCycle.

4.6 Laundry

The athletic department routinely launders athletic uniforms, towels and related materials. Although these materials are not normally considered contaminated materials, blood or OPIM may be present. Small, dry, non-flaking blood stains on laundry is not considered by OSHA to be a contaminated material. Blood-soaked or significantly stained laundry (by blood or OPIM) should be red-bagged and appropriately handled. This may include disposal as regulated waste or laundered by a subcontracted entity with appropriate controls for BBP-contaminated laundry. Similarly, contaminated laundry generated by the student health center (such as non-disposable lab coats) will be red-bagged and laundered by an appropriate subcontracted entity with appropriate controls for BBP-contaminated laundry.

The following laundering requirements for contaminated laundry must be met:

- Wet or contaminated laundry will be placed in leak-proof containers red bags or bags marked with the biohazard symbol prior to transport.
- Contaminated laundry will be handled as little as possible and with minimal agitation.
- Workers handling regulated containers will wear disposable gloves.
- Laundry workers will wear disposable gloves and eye protection when handling contaminated laundry.

4.7 Labels

Warning labels will be affixed to containers of regulated waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or other OPIM. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from these OSHA labeling requirements. Similarly, individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, and disposal are exempted from these OSHA labeling requirements.

The following labeling methods will be used at AU, as required by OSHA:

- All containers with regulated waste will have a background that is either fluorescent orange or orange-red in color and marked with lettering and symbols in contrasting color. The following symbol and the word “Biohazard” is required.



- Red bags or red containers may be substituted for labels. However, AU will try to ensure that red bags or red containers are appropriately marked with the biohazard symbol and lettering.
- If the label(s) cannot be directly affixed to the container, it must be affixed as close as feasible by a string, wire, adhesive, or other method to prevent its loss or unintentional removal.

5.0 EMERGENCY FIRST AID

AU staff that are trained and designated as responsible for rendering first aid or medical assistance as part of their job duties are covered under the BBP standard. However, OSHA will consider it a “de minimis” violation (a technical violation carrying no penalties) if university staff who administer first aid as a collateral duty to their routine work assignments, are not offered the pre-exposure hepatitis B vaccination, provided that certain conditions are met. The de minimis classification for failure to offer hepatitis B vaccination in advance of exposure does not apply to personnel who provide first aid at a clinic, first aid station, dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work. These conditions are:

1. Exceptions are limited to employees who render first aid solely as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
2. Reporting procedures must be in place to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurs.
3. Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including the date and time as well as a determination of whether an exposure incident has occurred.
4. Exposure reports must be included on a list of first aid incidents that is readily available to all employees and provided to OSHA upon request.
5. First aid providers must receive training under the BBP standard that covers the specifics of the reporting procedures.
6. All first aid providers who render assistance in any situation involving the presence of blood or OPIM, regardless of whether or not a specific exposure incident occurs, must have the vaccine made available to them as soon as possible but in no event later than 24 hours after the exposure incident.

Accordingly, all of the above requirements will be met at AU. All such incidents must be immediately, or as soon as feasible reported to the employee’s supervisor. Under no circumstances should incidents be reported later than the employee’s work shift. The contract and risk management office must then be notified to file an internal report of the accident and to determine if an exposure has occurred and if post exposure evaluation and follow-up is required. Please refer to Appendix E.

6.0 HEPATITIS B VACCINATION

Deans, directors, department heads and/or their designees will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The contract and risk management office is available for assistance.

The hepatitis vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination for this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form (Appendix F). Employees who decline may request and obtain vaccination at a later date at no cost. Documentation of refusal of the vaccination will be kept with the department supervisor and a copy (or original) forwarded to the university risk analyst.

Vaccinations will be provided by qualified personnel at the student health center or by other qualified medical providers as determined by the university risk analyst.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. The written opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

7.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, the employee must promptly contact either their immediate supervisor or the contract and risk management office at extension 2706. If the supervisor is notified, the supervisor must notify the contract and risk management office to ensure the post exposure evaluation requirements are properly fulfilled.

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed health care professional with appropriate capabilities for dealing with exposure to bloodborne pathogens. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by District of Columbia law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity and document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individuals' test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. laws protecting confidentiality).
- After obtaining consent, collect the exposed employee's blood as soon as feasible after the exposure incident and test the blood for HBV and HIV serological status.
- If the employee does not consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

The contract and risk management office will ensure that healthcare professionals responsible for an employee's hepatitis B vaccination and/or post-exposure evaluation are provided a copy of OSHA's bloodborne pathogens standard. Additionally, the contract and risk management

office will ensure that a health care professional evaluating an employee after an exposure receives the following: □

- A description of the employee's job duties relevant to the exposure incident,
- Route(s) of exposure,
- Circumstances of exposure,
- If possible, results of the source individual's blood test, and
- Relevant employee medial records, including vaccination status.

The contract and risk management office will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

7.1 Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The university risk analyst will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time,
- Work practices followed,
- A description of the device being used (including type and brand),
- Protective equipment or clothing that was used at the time of the exposure incident,
- Location of the incident,
- Procedure being performed when the incident occurred, and
- The employee's training.

The director of the student health center will record all percutaneous injuries from contaminated sharps that occur in the student health center on the Sharps Injury Log (Appendix G) for the student health center. This information will be promptly (within 24 hours) forwarded to the contract and risk management office where it will be recorded on the Master Sharps Injury Log for AU. If it is determined that revisions are necessary, the director of the student health center will ensure that appropriate changes are made to this ECP.

All other percutaneous injuries to AU employees that occur from contaminated sharps will be immediately reported to the employee's supervisor and/or the university risk analyst. This information will be promptly (within 24 hours) forwarded to the contract and risk management office and recorded on the Master Sharps Injury Log for the university. If it is determined that revisions are necessary, the university risk analyst will ensure that appropriate changes are made to this ECP. □

All university employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program, will minimally cover the following elements as required by the BBP standard:

- A copy and explanation of the standard,
- An explanation of AU's ECP and how to obtain a copy,
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials (OPIM), including what constitutes an exposure incident,
- An explanation of the use and limitations of engineering controls, work practices, and PPE,
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE,
- An explanation of the basis of PPE selection,
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM,
- 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 that the employer is required to provide for the employee following an exposure incident,
- An explanation of the signs and labels and/or color coding required by the standard and used at AU,
- An opportunity for interactive questions and answers with the person conducting the training session.

A copy of training information (including the date(s) of training, qualifications of the person(s) providing the training, a list of attendees, the course syllabus and handouts) will be provided to and maintained by the contract and risk management office. □

9.0 RECORDKEEPING

Documentation of training will be completed for each employee upon completion of training. A copy of training documents will be provided to the contract and risk management office.

9.1 Training Records

Training records will be completed for each employee upon completion of training and provided to the contract and risk management office. These records must be maintained for a minimum period of three years. The training records will include:

- The dates of training sessions,
- The contents or summary (e.g. a course syllabus) of the training sessions,
- The names and qualifications of persons conducting the training,
- The names and job titles of all persons attending the training sessions.

9.2 Medical Records

Medical records will be maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1030(h) - *Access to Employee Exposure and Medical Records*.

The contract and risk management office is responsible for ensuring that required medical records are maintained. These records must be **confidential** and maintained for the **duration of employment plus 30 years**. To ensure confidentiality, the contract and risk management office will contract an appropriate private physician or health care practice to provide the follow-up medical consultation and require by contract that the records be maintained for at least 30 years and not destroyed without prior approval from AU.

Employee medical records will be provided to the employee upon request or to anyone having written consent of the employee within 15 working days of the request. Such requests should be submitted to the contract and risk management office for processing.

9.3 OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities will be completed by the university risk analyst.

9.4 Sharps Injury Log

In addition to the 29 CFR 1904 recordkeeping requirements, all percutaneous injuries from contaminated sharps will also be recorded on the Sharps Injury Log. All incidents must include the following information:

- The date of the injury,
- The type and brand of the device involved,
- The department or work area where the incident occurred, and
- An explanation of how the incident occurred.

This log will be reviewed at least annually as part of the annual evaluation of the program and will be maintained for at least five years following the end of the calendar year in which the incident occurred. If a copy is requested by anyone, it must have any personal identifiers removed from the report prior to the information being disseminated.

APPENDIX A

**Occupational Exposure to Bloodborne Pathogens Standard
(29 CFR 1910.1030)**

APPENDIX B

**BBB Job Classification
Job Task Evaluation Worksheet**

To be inserted by AU

Bloodborne Pathogen Job/Task Classification Evaluation Worksheet

This worksheet is intended to aid supervisor's determination if an employee potentially has occupational exposure to bloodborne pathogens. Please answer all questions. Any response marked "Yes" requires the supervisor to contact the university risk analyst to determine if the employee should be included in the Exposure Control Plan (ECP) and to revise the ECP, if appropriate.

For the purposes of this assessment – **Occupational Exposure** is defined as “reasonably anticipated exposure to skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.” **Other potentially infectious materials** is defined as “(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 fluid that is visibly contaminated with blood, and all body fluid in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ cultures (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissue from experimental animals infected with HIV or HBV.”

	Yes	No
Does the employee have occupational exposure as defined above?		
Is the employee expected to provide first aid/CPR as a function of his/her job responsibilities?		
Is the employee required to provide injections to, withdraw blood from or suture human patients?		
Is the employee expected to clean blood or other potentially infectious materials as a function of his/her job responsibilities?		
Is the employee reasonably anticipated to come into contact with needles or other sharps contaminated with other potentially infectious materials?		
Does the employee work with HIV or HBV-containing cell or tissues cultures?		
Does the employee work with sewage contaminated with blood?		
Is the employee expected to package or transport blood or sharps containers with other potentially infectious materials?		
Are there any other potential exposure concerns?		

APPENDIX C
FAS Exposure Control Plan

APPENDIX D

Engineering and Work Practices Evaluation Forms

APPENDIX E
Emergency First Aid Reporting Form

Emergency First Aid Reporting Form

Any employee who provides emergency first aid (including CPR) must report the incident to their supervisor or the contract and risk management office as soon as possible, but no later than the end of the employee's work shift.

When did the incident occur (date and approximate time)? _____

Who provided the emergency first aid? _____

Has the first aid provider previously been vaccinated for hepatitis B? _____

Fully describe the circumstances of the accident (use additional space if necessary). _____

Provide the name and contact information of the individual that received the first aid assistance (if known) _____

Was there an exposure to blood (yes/no/unable to determine)? _____

Name of first aid provider

Signature and date

To be completed by risk analyst

Is additional post evaluation medical consultation and follow-up examination warranted?

If yes, was the employee provided the opportunity for an examination within 24-hours? Note: a written report must be submitted to American University and the employee? _____

Name of risk analyst

Signature and date

APPENDIX F

Hepatitis B Vaccine Declination Form

HEPATITIS B VACCINE DECLINATION

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 be.

Name (printed): _____

Signed: _____

Date: _____

APPENDIX G
Sharps Injury Log

Department: _____

Sharps Injury Log

YEAR 2 _____

Date	Case Report	Type of Device	Brand Name of Device	Work Area Where Injury Occurred	Brief description of how the incident occurred [i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from **contaminated** sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This Log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be maintained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

APPENDIX H
Exposure Control Plan Amendment Form