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FOREWORD

The written Bloodborne Pathogen Exposure Control Plan exemplifies the commitment by the Administration of Old Dominion University towards protecting the health of all employees who may be exposed to bloodborne pathogens at the University. This document presents a comprehensive guide to fulfilling the requirements of 29 CFR 1910.1030, the OSHA Bloodborne Pathogen Standard.

The pursuit of a safe workplace through the use of all means available is greatly encouraged. The adoption of these policies and procedures is a fundamental part of minimizing the risk of exposure to bloodborne pathogens.

The Administration welcomes input from employees regarding this Plan. Modifications to this Plan which would enhance its effectiveness at a reasonable cost will be taken into consideration.

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OLD DOMINION UNIVERSITY

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. INTRODUCTION

The OSHA/VOSH 1910.1030 Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials (OPIMs). Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, the hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses, through routes like needlestick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials, in the course of their work.

This exposure control plan has been established by Old Dominion University to minimize and prevent, when possible, exposure of employees to disease-causing microorganisms transmitted through human blood, and as a means of complying with the Bloodborne Pathogens Standard. All

ALL EMPLOYEES ARE EXPOSED

Employees with the job classifications listed here are included in this plan. Employees with these professional and technical skills, but not in these job categories or positions are not included in this plan.

Student Health Service
- Physician
- Physician Assistant
- Nurse Practitioner
- Registered Nurse
- Medical Technologist
- Medical Assistant

Dental Hygiene & Dental Assisting Clinic

Nursing Department
- Faculty
- Adjunct Faculty

Medical Technology Department
- Faculty
- Adjunct Faculty
- Technical Support Personnel

III. METHODS OF COMPLIANCE

Universal Precautions

All blood or OPIMs described in section II shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Universal precautions

Review of Medical Devices

Supervisors shall review and update their standard operating procedures annually. Changes in technology that eliminate or reduce exposure to bloodborne pathogens shall be considered in the review. Supervisors shall take into account innovations in medical procedure and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needlesticks), and document consideration and use of appropriate, commercially-available, and effective safer devices (e.g. describe the devices identified as candidates for use, the methods(s) used to evaluate those devices, and justification for the eventual selection).

No medical device is considered appropriate or effective for all circumstances. Supervisors shall select devices that based on reasonable judgment will not jeopardize patient or employee safety or be medically inadvisable, and will make an exposure incident involving a contaminated sharp less likely to occur.

Hand Washing and Other General Hygiene Measures

Hand washing is a primary infection control measure. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or OPIMs, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water as soon as possible.

A sink with running water shall be present where human blood and OPIMs may be encountered. Antibacterial soap shall also be available. In situations where a sink is not available, such as on athletic fields, a water container (jug, bottle, jerry can) must be available to allow for hand washing after treating open injuries.

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

Food and drinks shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIMs are present.

Mouth pipetting/suctioning of blood or OPIMs is prohibited.

Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or OPIMs. When centrifuging blood and OPIMs, wait until the centrifuge stops before opening the top.

Sharps Management

Contaminated needles and other contaminated sharps shall not be bent, recapped. Shearing or breaking contaminated needles is prohibited.

Use red sharps containers to dispose of contaminated sharps. Sharps containers must be designed to close, to be puncture resistant, labeled or color-coded, and leak-proof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used.

Contaminated disposable sharps shall be discarded, as soon as possible after use, in a disposable sharps container. Contaminated broken glass is also to be placed in a disposable sharps container. Reusable contaminated sharps are to be placed in a reusable sharps container, as soon as possible after use, until properly decontaminated.

Sharps containers shall be located at the site of use whenever possible. In situations where sharps are used or encountered only on occasion, such as in Public Safety, locate a sharps container centrally and advise staff members of its location.

Overfilling sharps containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly disposed of and replaced, or emptied and decontaminated in the case of reusable sharps.

The supervisor responsible for the area where sharps are used shall ensure full containers are disposed of properly and replacement containers are set up.

Precautions in Handling Specimens

All specimens shall be handled using universal precautions. Specimens of blood or OPIMs shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. Blood is collected in vacutainers located at collection sites.

Containers must be labeled or color-coded if they go out of the facility. When items are sent to outside laboratories, the container shall be placed in a plastic bag marked with a biohazard symbol in orange and sealed. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage and/or resists puncture during handling, processing, storage, transport, or shipping.

Management of Contaminated Equipment

Contaminated equipment shall be decontaminated, if possible, before servicing, shipping, transferring, or turning in to Property Control. Equipment that has not been fully decontaminated must have a label attached to it with information about the parts that remain contaminated.

The supervisor responsible for the equipment shall assess whether or not the equipment became

Utility Gloves

- Decontaminate for re-use if the gloves are in good condition
  - Discard when gloves are cracked, peeling, torn, punctured or show other signs of deterioration

contaminated are regulated medical wastes when discarded, disposed of or placed in accumulated

this plan. The vaccination series shall not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee that has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

Any exposed employee who chooses not to take the Hepatitis B vaccination shall be required to sign a Declination Statement. A copy of the Declination Statement is in **Appendix D**. The Bloodborne Pathogen Program Representative shall forward completed Declination Statements to the Environmental Health and Safety Office.

V. PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIMs that result from the performance of an employee's duties.

The procedures to follow when an exposure incident occurs on the job will vary depending on the arrangements that have been made with the University's contracted occupational healthcare provider. The Environmental Health and Safety Office has developed a pamphlet that outlines procedures for evaluation and follow-up of exposure incidents. A copy of the pamphlet shall be kept with this plan. The Environmental Health and Safety Office shall update the pamphlet and distribute it to the Bloodborne Pathogen Program Repres t t84 (at)4 (i)-4 (v)-44 (s). (n)TJ0 Tc 0 7.81.66 0 Td( )TjEMC /P AMC(e) 9 B

preserved for at least 90 days. If, within 90 days of the exposure incident, the employees elects to have the baseline sample tested, such testing shall be done as soon as feasible.

The exposed employee shall be offered post-exposure prophylaxis, when medically indicated, as

The following content shall be included in the training:

- explanation of the bloodborne pathogens standard
- general explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases
- explanation of this exposure control plan and how it will be implemented
- procedures which may expose employees to blood or other potentially infectious materials
- control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials
- explanation of the basis for selection of personal protective equipment
- information on the hepatitis B vaccination program including the benefits and safety of vaccination
- information on procedures to use in an emergency involving blood or other potentially infectious materials
- what procedure to follow if an exposure incident occurs
- explanation of post-exposure evaluation and follow-up procedures
- an explanation of warning labels and/or color coding
- any department-specific information that relates to the plan

VII. RECORDKEEPING PROCEDURES

Procedures are in place for maintaining both medical and training records. If ODU should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) shall be notified at least three months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three-month period.

Medical Recordkeeping

A medical record shall be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20. ODU's contracted occupational health clinic shall maintain employee medical records. The records shall include the following:

- name and social security number of the employee
- a copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- a copy of examination results, medical testing, and any follow-up procedures
- a copy of the healthcare professional's written opinion
- a copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident

- Review this plan annually and update it as necessary
- Ensure that this plan is available to employees upon request
- Stay current with all regulations and laws regarding bloodborne pathogens
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Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans.

Bloodborne Pathogen Program Representative means an employee of the University who volunteers to manage the Bloodborne Pathogen Program for their department. The Representative may also be a student who has been tasked to manage the program for their department (e.g. interns, graduate students). Some departments may have more than one Representative, based on their size and nature of their work. The responsibilities of the Representative are listed in the "Responsibilities" section of this Plan.

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or OPIMs or may contain sharps.

Decontamination means 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.

Employee means any person hired by the University or Research Foundation as full or part-time personnel, including administrators, faculty, staff, students and work study students. The responsibilities of the employee are listed in the "Responsibilities" section of this plan.

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

Environmental Health and Safety Office is responsible for ensuring that the University complies with federal, state and local environmental and occupational safety and health laws and regulations. The responsibilities of the Environmental Health and Safety Office are listed in the "Responsibilities" section of this Plan.

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

HBV means hepatitis B virus.

HCV means hepatitis C virus.

HIV means human immunodeficiency virus.

Licensed Healthcare Professional means a person whose legally permitted scope of practice allows him or her to independently perform the activities required for hepatitis B vaccination and post-exposure evaluation and follow-up.

Needleless Systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials (OPIMs) means 1) the following human body fluids: semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids; 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); 3) HIV-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 means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment (PPE) means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be PPE.

Regulated Medical Waste means liquid or semi-liquid blood or OPIMs; contaminated items that would release blood or OPIMs in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIMs and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIMs. The Commonwealth of Virginia has special guidelines for the management of regulated medical waste, which are outlined in ODU's Regulated Medical Waste Management Guidelines.

Sharps are items that may puncture the skin (e.g. needles, broken glass).

Sharps With Engineered Sharps Injury Protections means nonneedle sharps or needle devices containing built-in safety features that araeeo3 (s)ddle sTg(a)4n66 s-1 (pe)4 (cIo s)1 (a3 (s)d)4 (dl)-2 (e)-6 (s)-

shielding or retracting catheters, IV medication delivery systems that use a catheter port with a needle housed in a protective covering).

Source Individual means any individual, living or dead, whose blood or OPIMs may be a source of occupational exposure to the employee. Examples include, but are not limited to, patients at the Student Health Clinic, children at the Child Development Center, human remains and

APPENDIX A

DEPARTMENT INFORMATION

APPENDIX C

REGULATED MEDICAL WASTE MANAGEMENT GUIDELINES

Guidelines for Disposal of Regulated Medical Waste

Below are the guidelines for disposal of Regulated Medical Waste at approved locations, be sure to review prior to dropping off waste:

1. **MGB/BSSF Medical Waste Guidelines**:
    a. https://www.odu.edu/content/dam/odu/offices/environmental-health-safety/docs/bssf-medical-waste-guidelines.pdf
2. **Chemistry Medical Waste Guidelines:**
    a. https://www.odu.edu/content/dam/odu/offices/environmental-health-safety/docs/chem_medwaste_guidelines.pdf
3. **IRP / CBE Medical Waste Guidelines** (No autoclave)
    a. https://www.odu.edu/content/dam/odu/offices/environmental-health-safety/docs/iro-cbe_%20medwaste_guidelines.pdf

Unauthorized Items

The following materials should never be autoclaved:

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LIQUID WASTE

Labs that bring their liquid waste to BSSF - MGB 207:

- Please **label all** submitted liquid waste with the agents contained in the waste. Primary containers must be placed into an autoclavable sterilization tray prior to submitting the liquid for autoclaving.
- Liquid waste will be accepted for treatment on any weekday except Wednesday.
- It will be the responsibility of the individual labs to retrieve their trays once they have been sterilized and to dispose of the waste.

All other locations, treat liquid waste with bleach and dispose of after minimum of **20 minutes**.

SHARPS WASTE

1. All sharps must be submitted in a closed, approved sharps container, seal with 1 piece of autoclave tape.
2. If Sharps container is broke or missing lid(s), place entire container into a larger container. Do not attempt to tape broken lids or entire top of container. Empty defective containers should be placed in trash.
3. All sharps containers must have the following information clearly labeled on the container, **prior** to submission to B.S.S.F/Health Sciences/Chemistry:
   - Generators name
   - Room number and building.
   - If agents are used indicate the genus on the sharps container.
4. Once sterilized, ODU must send sharps off campus to a contracted vendor for incineration.

Plastic Pipettes

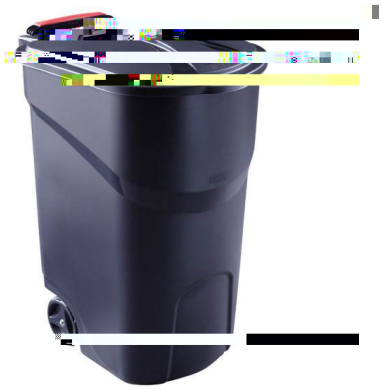
Plastic serological pipettes must be placed in bins or trays, prior to autoclaving in one of the approved autoclave facilities. During pipette collection, these bins or trays should contain an appropriate disinfectant which is to be drawn up into the pipette. The bins or trays containing pipettes should never be more than 3/4 full with pipettes.

Prior to transporting Pipettes to autoclave location, drain liquid (after allowing required disinfecting time) down the sink with copious amounts of water. Transfer pipettes to approved autoclave tray (Except IRP location – double bag and place in MedWaste bins) and cover with aluminum foil and labeled with the following information:

- PI’s name
- Room Number
- List of all agents used

Transport of waste

- All bagged or liquid waste and serological pipettes must be placed in the approved sterilization trays, covered with foil for pipettes and placed on a cart for transport to MGB 207 / Health Science/ Chemistry for sterilization.
- Never hand carry any Regulated Medical Waste outside of the labs.
- Pipettes and liquid waste will be accepted for treatment on any weekday except Wednesday (BSSF).



APPENDIX D

HEPATITIS B VACCINATION
ACCEPTANCE/DECLINATION FORM

OLD DOMINION

APPENDIX E

BBP-1
EXPOSURE INCIDENT REPORT FORM

&

BBP-2
POST-EXPOSURE MANAGEMENT RECORD

BBP-1
EXPOSURE INCIDENT REPORT FORM

Employee Name _____
(please print)
UIN _____
Department _____
Date _____
Supervisor Name _____

Description of Incident: (be specific and include date, approximate time and place)
Use back of sheet if needed

_____

_____

_____

_____

_____

_____

Immediate Actions Taken: _____

_____

_____

Source of Blood or OPIMs (include name of source individual, if known): _____

_____

Personal Protective Equipment Worn: _____

Hepatitis B Vaccination Status: ___ declined vaccine ___comple1 (:)-2 0(pl)-1.U1 (()3 ((a)4 (cc)-6 (c)4 a6-2 (s)

BBP-2
POST-EXPOSURE MANAGEMENT RECORD

Employee Name _____
(please print)

UIN _____

Employee Information

_____ Employee refuses post-exposure medical care
_____ Employee will seek post-exposure medical care but refuses to contribute baseline blood or allow testing
_____ Employee will seek post-exposure medical care and will contribute baseline blood to be stored at least 90 days, but refuses testing
_____ Employee will seek post-exposure medical care and will agree to contribute blood and grants permission for HIV, Hepatitis B and Hepatitis C testing and follow-up evaluation and treatment

Source Individual Information

_____ Source individual could not be identified
_____ Source individual identified but refused to contribute blood
_____ Source individual identified and grants permission for HIV, Hepatitis B and Hepatitis C testing

Healthcare Professional Selected _____

I acknowledge that I have been provided with complete information and consultation regarding my exposure incident and options for post-exposure medical care

Employee Signature _____ **Date** _____

This section to be completed by the Environmental Health & Safety Office

Immediately following the exposure incident occurring on _____ the healthcare professional selected by the employee was provided with:

_____ Copy of 29 CFR 1910.1030
_____ Copy of BBP-1
_____ Description of the employees duties
_____ Medical records relevant to treatment and vaccination status

BBP Program Coordinator Signature _____ Date _____

Within 15 days of completion of the evaluation of the employee, a written opinion, as specified in section V of this plan, was obtained from the healthcare provider.

BBP Program Coordinator Signature _____ Date _____

APPENDIX F

TRAINING RECORD

Training Record

Training Topic **Bloodborne Pathogen Exposure Control**
Date of Training _____
Name of Trainer(s) _____
Department _____