LOYOLA UNIVERSITY CHICAGO

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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1.0 INTRODUCTION

1.1 Policy

It is the policy of Loyola University Chicago that employees whose duties may result in an occupational exposure to bloodborne pathogens (BBP) must be trained in the requirements of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen regulation as set forth in 29 CFR 1910.1030 at the time of their employment and prior to their initial job assignment. All employees covered under this policy must also participate in annual refresher training. Additionally, Hepatitis B vaccinations are made available, at no cost, to those individuals who may be exposed to bloodborne pathogens during their University duties.

All University employees shall practice universal precautions to eliminate or minimize employee exposure to blood and other potentially infectious materials (OPIM).

1.2 Purpose

To ensure safe working conditions for employees whose duties may result in occupational exposure to blood and/or other potentially infectious materials.

1.3 Regulatory Citation

OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030 (See Appendix A)

2.0 DEFINITIONS

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means 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 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 other potentially infectious materials or may contain sharps.

Contaminated Sharps means 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 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.

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

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

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

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means Hepatitis B virus.

HIV means human immunodeficiency virus.

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 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 fluids 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 means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (ie: uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

Regulated Waste means 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 means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means 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 individuals who donate or sell blood or blood components.

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

Universal Precautions is 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.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g.: prohibiting recapping of needles by a two-handed technique).

3.0 RESPONSIBILITIES

3.1 Loyola University Chicago

As stated in the Occupational Safety and Health Act of 1970, typically referred to as the OSHA General Duty Clause, every employer is responsible for providing its employees with a safe and healthful work environment. Specifically, Section 5(a)(1) states “each employer shall furnish to each of its employees, employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees; (2) shall comply with occupational safety and health standards promulgated under this Act.”

Every employee has a specific responsibility under the Act, as well. Section 5(b) states “Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.”

In short, employers must protect employees from any serious hazard once they are aware of it and each employee must follow all the OSHA rules and regulations.

The employer is specifically responsible for the establishment and maintenance of a bloodborne pathogen exposure control plan in accordance with 29 CFR 1910.1030. This task is accomplished through the Loyola University Chicago Occupational Health and Safety office.

3.2 Occupational Health and Safety Office

The Occupational Health and Safety Office of the Facilities Management Division shall be responsible for establishing and maintaining the Bloodborne Pathogen Exposure Control Plan consistent with the goal of protecting Loyola University Chicago personnel. In keeping with 29 CFR 1910.1030 (See Appendix A), the Occupational Health and Safety Office will review and update the plan at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Additionally, the Occupational Health and Safety office shall be responsible for providing training to Loyola University Chicago personnel as outlined in Section 11 of this plan or as requested per by an individual or Department. This training shall be offered through a qualified outside party.

3.3 Department

Each department shall be aware of all the stipulations of the Bloodborne Pathogen Exposure Control Plan requirements. Each department shall be responsible for the health and safety of their staff members. These responsibilities include, but are not limited to, the following:

- Ensure each employee has access to the Bloodborne Pathogen Exposure Control Plan.
- Ensure employees with potential occupational exposure to bloodborne pathogens have received information regarding the Hepatitis B vaccine.
- Ensure each employee has received the proper training regarding bloodborne pathogens at the time of their initial assignment to tasks where occupational exposure may take place as well as refresher training on an annual basis, at no cost to the employee. Supplemental training shall be provided, as necessary.
- Provide each employee training regarding Hazard Communication at the time of their initial assignment, and whenever a new chemical hazard the employees have not previously been trained about is introduced into their work area in keeping with 29 CFR 1910.1200. Hazard Communication refresher training will take place as necessary.
- Each department shall maintain records of each employee's training. Training records shall be maintained for 3 years from the date on which the training occurred
- per 29 CFR 1910.1030 (See Appendix A), or the University's policy, whichever is longer.
- Provide proper personal protective equipment (PPE) per 29 CFR 1910.1030(d)(3). (See Appendix A)
- Ensure engineering controls are properly maintained and/or replaced as necessary or as specified by the manufacturer.

3.4 Employees

It is the responsibility of each employee to comply with all aspects of the Bloodborne Pathogen Exposure Control Plan. Such responsibilities include, but are not limited to, the following:

- Understand and adhere to the University's Bloodborne Pathogen Exposure Control Plan.
- Understand and adhere to the federal Bloodborne Pathogen standard (29 CFR 1910.1030) (See Appendix A).

- Participate in and complete all training required for job classification, including, but not limited to, bloodborne pathogen, hazard communication, etc. Request additional training, as necessary.

- Understanding job tasks with potential occupational exposure to bloodborne pathogens.

- Proper use and maintenance of PPE.

- Notify Department regarding any missing and/or malfunctions of engineering controls.

4.0 EXPOSURE DETERMINATION

It has been determined that certain job classifications fall into the category of those who have the potential for occupational exposure to bloodborne pathogens during the normal course of their employment. These include (but not limited to) Wellness Center staff, Nursing School faculty, athletic trainers, recreation center sports staff, residence hall staff, campus safety officers, housekeeping staff, and day care center staff. Departments are required to identify in writing, job classifications, as well as tasks and procedures where occupational exposure may occur, without regard to personal protective equipment (PPE) or clothing.

Any employee who feels that their regular employment duties may subject them to the exposure of bloodborne pathogens can immediately petition the Department of Human Resources to consider the inclusion of their job description in the exposure control job classification listing.

Tasks and procedures in which occupational exposure occurs and that are performed by employees covered under this policy include, but are not limited to:

- Exposure to and/or the handling of biomedical and epidemiologically active pathogens during health care evaluations conducted by the Wellness Center or any other health care providers.

- Standard emergency medical services and/or first aid treatment used by health care providers, campus safety officers, childcare center staff, athletic trainers, residence life staff, and recreational sports center staff when providing emergency medical and/or first aid to persons under their care.

- Any law enforcement/security tasks that may be related, directly or indirectly, to an infectious materials exposure in the apprehension, custody, processing, transport or any other interaction with suspects and/or prisoners.

- Any routine maintenance or building service duties involving the clean up or other necessary handling of materials that exhibit the presence, anticipated presence, or suspected presence of blood or other potentially infectious materials on any item or surface.

5.0 METHODS OF COMPLIANCE

5.1 Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure by isolating or removing bloodborne pathogens from the workplace. Where occupational exposure remains after the institution of these controls, personal protective equipment shall also be used. Engineering controls are the physical means used to isolate a person from a potential hazard. Engineering controls shall be examined and maintained or replaced by each department on a regular schedule to ensure their effectiveness.

The University provides readily accessible handwashing facilities for all employees. When the use of handwashing facilities is not feasible, the University shall provide either an appropriate antiseptic hand cleanser to be used with clean cloth/paper towels or antiseptic towelettes. If antiseptic hand cleansers or towelettes are used, hands must be washed with soap and running water as soon as feasible.

Work practice controls are practices that reduce the potential of exposure to bloodborne pathogens by changing the way the task is performed. Work practice controls include, but are not limited to:

- Handling and disposing of contaminated sharps properly.
- Proper handling and disposal of items which have come or may have come in contact with blood or OPIM such as towels, linens, bandages/gauze, etc.
- Shearing or breaking of contaminated needles is prohibited. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure. Bending, recapping, or needle removal must be accomplished using an approved mechanical device or a one-handed technique.
- Exposed needles and sharps shall not be passed by hand. If an exposed needle must be passed to a co-worker, the needle shall be set down on a surface for the co-worker to retrieve to reduce the likelihood of the needle sticking the recipient.
- Eating, drinking, smoking, applying cosmetics or lip balm, and/or handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, ~~or on~~ countertops/benchtops, or in any other area where blood or OPIM are/may be present.
- Gloves must be worn when handling bodily fluids, tissues, or OPIM.
- Hand washing must be done immediately, or as soon as feasible, after removal of gloves or any other PPE.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner that will minimize splashing, spraying, spattering, and generation of droplets of those substances.
- Mouth pipetting/suctioning of blood or OPIM is strictly prohibited.

- Laboratory samples shall be kept only in approved designated refrigerators. Samples shall not be kept outside of the laboratory and/or approved designated location.

- Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. If the specimen could puncture the primary container, the primary container shall be placed ~~with~~in a secondary container which is puncture-resistant and properly labeled and/or color-coded. If outside contamination of the primary container occurs or is suspected, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is properly labeled and/or color-coded.

- Equipment which is or suspected of being contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated, as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. A clearly visible label in accordance with 29 CFR 1910.1030(g)(1)(i)(H) (See Appendix A), shall be attached to the equipment stating which portions remain contaminated. This information must be provided to all affected employees, servicing representatives, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

5.2 Universal Precautions

At a minimum, “universal precaution concepts” as described in 29 CFR 1910.1030 (See Appendix A) shall be observed to prevent contact with blood or OPIM. Accordingly, all body fluids shall be considered potentially infectious materials. All potentially infectious waste materials must be properly bagged and properly disposed of.

6.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) shall be used in all situations where there is the potential for an employee to encounter potentially infectious materials. The University, through each employee’s individual department, shall provide appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, resuscitation equipment, etc. This PPE shall be provided at no cost to the employee.

PPE will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Where the potential for occupational exposure remains after institution of engineering and/or work practice controls, PPE shall be used.

The employer shall ensure that the employee uses appropriate PPE unless the employer shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented by the employee’s supervisor

per department policies to determine whether changes can be instituted to prevent such occurrences in the future.

The following applies for PPE:

- PPE must be appropriate for the task.
- Employees shall be trained on the proper use of the PPE.
- Employees shall have access to the appropriate PPE and in the appropriate sizes available at the worksite or issued to employees.
- PPE shall be repaired or replaced, as needed, to maintain its effectiveness, at no cost to the employee.
- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, non-intact skin, and when handling or touching contaminated items or surfaces.

  Cuts and open sores shall be appropriately bandaged before donning gloves since gloves can be punctured by sharps.

  Gloves shall be made of water impervious materials such as latex, nitrile, or rubber. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

  Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

  Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

  Gloves shall be removed prior to exiting the work area and before touching public objects such as door handles, stair railings, elevator buttons, etc. to avoid cross contamination.
- Respiratory devices and/or pocket mouthpieces shall be provided to aid in the prevention of contact from a victim's saliva during resuscitation.
- Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics of the protective clothing will depend upon the task and degree of exposure anticipated.

- Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

- All PPE shall be removed prior to leaving the work area. If a garment(s) is/are penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

- PPE shall be cleaned, laundered, and disposed at no cost to the employee. Each department is responsible for securing a third-party vendor for each of these services.

- Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate PPE as determined by departmental guidelines.

  Contaminated laundry shall be bagged or containerized at the location where it is generated and shall not be sorted or rinsed in the location of use. The laundry shall be handled as little as possible with a minimum of agitation.

  Contaminated laundry shall be placed and transported in bags or containers labeled and/or color-coded in accordance with 29 CFR 1901.1030 (g)(1)(i). Since "universal precautions" are utilized in the handling of all soiled laundry, alternative labeling and/or color-coding is deemed sufficient as long as it permits all employees to recognize the containers as requiring compliance with "universal precautions."

  Whenever contaminated laundry is wet and presents a reasonable likelihood of fluids soaking through or leaking from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

  When contaminated laundry is shipped off-site to a second facility which does not utilize "universal precautions" in the handling of all laundry, the contaminated laundry must be placed in bags or containers which are labeled and/or color-coded in accordance with 29 CFR 1910.1030(g)(1)(i) (See Appendix A).

7.0 HOUSEKEEPING

All worksites shall be maintained in a clean and sanitary condition. A written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area shall be made available to the party responsible for completing such tasks through a request by the responsible party to their supervisor.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact, or suspected contact, with blood or OPIM.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant as follows: (1) after completion of procedures; (2) immediately or as soon as feasible when surfaces are visibly or obviously contaminated (3) immediately or as soon as feasible after any spill of blood or OPIM; and (4) at the end of the work shift, if the surface may have become contaminated since the last cleaning.

Consult the following link for selected EPA-registered disinfectants.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed, and replaced as soon as feasible when they become visibly or obviously contaminated or at the end of the work shift, if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, shall be inspected and decontaminated on a regularly scheduled basis per departmental guidelines and cleaned and decontaminated immediately or as soon as feasible upon visible or obvious contamination.

Broken glassware, which is or may be contaminated with blood or other potentially infectious materials, shall not be picked up directly with the hands. but It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. The mechanical device shall be decontaminated, if possible, or discarded as biohazard waste in accordance with University policy.

Reusable sharps that are contaminated with, or suspected to be contaminated with, blood or OPIM shall not be stored or processed in a manner that requires or permits employees to reach into the containers where these sharps have been placed.

8.0 REGULATED WASTE MANAGEMENT

All regulated waste handling, storing, transporting, or shipping shall be labeled properly.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of an injury which penetrates or punctures the skin.

Disposal of all regulated waste shall be in accordance with all applicable regulations.

8.1 Regulated Waste Containers

Regulated waste shall be placed in containers which are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
- Labeled and/or color-coded in accordance with 29 CFR 1910.1030(g)(1)(i) (See Appendix A).
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed inside of a second container. The second container shall be:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

- Labeled or color-coded in accordance with 29 CFR 1910.1030(g)(1)(i) (See Appendix A).

- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

8.2 Contaminated Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable, puncture resistant, leakproof on sides and bottom; and labeled and/or color-coded in accordance with 29 CFR 1910.1030(g)(1)(i) (See Appendix A).

During use, containers for contaminated sharps shall be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g.: laundry).

- Maintained upright throughout use.

- Replaced routinely per departmental guidelines and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- Placed in a secondary container if leakage is possible. The second container shall be: closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.

- Labeled and/or color-coded in accordance with 29 CFR 1910.1030(g)(1)(i) (See Appendix A).

9.0 HEPATITIS B VACCINATION

For those employees who are considered at high risk for occupational exposure, the University makes the following available, at no cost to the employee:

- Hepatitis B vaccine and vaccination series.

- Post exposure evaluation and follow-up to all employees who have had an exposure incident.

- Routine booster dose(s) of Hepatitis B vaccine which is/are recommended by the U.S. Public Health Service.

Participation in a prescreening program is not a prerequisite for receiving the Hepatitis B vaccination.

All current and new employees covered by this plan will have the series of vaccinations made available within ten (10) working days upon initial work assignment, with the following exceptions:

- Employee has previously received the complete Hepatitis B vaccination series.
- Antibody testing has revealed that the employee is immune.
- Vaccine is contraindicated for medical reasons.

It is each department's responsibility to provide the information for a new employee's initial appointment with the appropriate Wellness Center for the vaccination series. The employee is responsible for scheduling and meeting all appointments.

Further information is available at: http://www.luc.edu/wellness/.

Employees may decline to accept the Hepatitis B vaccination series but must sign and file a statement of waiver with the Human Resources Department within ten (10) working days of their assignment to a potentially high-risk area (See Appendix A).

If an employee initially declines the Hepatitis B vaccination, but currently works in a position covered by this policy and decides to get the vaccine at a later date, the University shall make available the Hepatitis vaccination/series at that time in accordance with OSHA standards. (See Appendix A).

9.1 Exposure Incident Protocols

All incidents of an actual or suspected exposure to blood or OPIM must be reported immediately to the employee's immediate supervisor. The employee should seek immediate medical treatment at the nearest hospital emergency room for possible exposure to bloodborne pathogens. A confidential medical evaluation and follow-up shall be provided at no cost to the employee. Per 29 CFR 1910.1030(f)(3), the OSHA Bloodborne Pathogen standard, the medical evaluation shall include at least the following:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine Hepatitis B virus (HBV) and Human Immunodeficiency virus (HIV) infectivity. If consent is not obtained, the University shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of blood for HBV and HIV serological status:

A. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

B. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. 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 feasible.

- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

- Counseling.

- Evaluation of reported illnesses.

Following a report of such an incident, the University shall follow the medical evaluation, documentation, identification, collection, testing, post-exposure prophylaxis, and counseling standards and procedures outlined in OSHA 29 CFR 1910.1030 by way of the University's Policy for Worker's Compensation procedures. The employee and supervisor must complete a Report of Injury form and forward the completed form to the Department of Human Resources by the end of the next business day. (See Appendix A)

9.2 Information Provided to the Healthcare Professional

The University shall ensure that the healthcare professional providing the Hepatitis B vaccination for the employee shall be provided with a copy of the OSHA Bloodborne Pathogen standard (29 CFR 1910.1030) (See Appendix A)

The University shall ensure that the healthcare professional evaluating the employee, following an exposure incident, is provided with the following information:

- A copy of the OSHA Bloodborne Pathogen standard (29 CFR 1910.1030) (See Appendix A).

- A description of the exposed employee's duties as they relate to the exposure incident.

- Documentation of the route(s) of exposure and circumstances under which exposure occurred.

- Results of the source individual's blood testing, if available.

- All medical records relevant to the appropriate treatment of the employee, including vaccination status.

9.3 Healthcare Professional's Written Opinion

The University shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether the Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- That the employee has been informed of the results of the evaluation.
- That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Medical records shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by law.

10.0 COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels

Warning labels shall 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 potentially infectious materials.

Labels shall include the following legend:

These labels shall be fluorescent orange or orange-red or predominantly so with lettering and symbols in a contrasting color.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

A warning label or sign shall be posted at the entrance to work areas where blood or OPIM are stored.

Red bags or red containers may be substituted for labels.

Containers or bags used for blood or OPIM shall be red in color and labeled with the Biohazard Symbol or the words "Infectious Waste."

Signs

The University shall post signs at the entrance to work areas of HIV and HBV research laboratories and production facilities. The sign should have the name of the infectious agent, special requirements for entering the area, and the name and phone number of the responsible party.

Signs shall include the following legend:

These labels shall be fluorescent orange or orange-red or predominantly so with lettering and symbols in a contrasting color.

11.0 INFORMATION AND TRAINING

The University will offer Bloodborne Pathogen training for all affected employees at no cost and during the employee's working hours.

Training shall be provided as follows:

- For new employees, covered under this policy within ten (10) working days of the initial assignment to tasks where occupational exposure may take place. Such new employees will be scheduled for training through their hiring department.
- At least annually thereafter for all current employees covered under this policy.
- Additional training is provided when changes, such as modification of tasks or procedures or the institution of new tasks or procedures affect the employee's occupational exposure.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

All employees attending training shall be required to demonstrate adequate knowledge retention as shown through a learning measurement exercise. Employees not demonstrating adequate knowledge retention shall be retrained and retake the exercise until adequate retention is demonstrated.

The training program shall contain at a minimum the following elements:

- A copy of the OSHA Bloodborne Pathogen ~~regulation~~ standard (29 CFR 1910.1030) (See Appendix A)
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the possible modes of transmission of bloodborne pathogens.

- An explanation of the University's exposure control plan and ~~the means by which~~ how the employee can obtain a copy of the written plan.

- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.

- An explanation of the use and limitations of methods that will prevent or reduce the possibility of exposure, including appropriate engineering controls, work practices, and PPE.

- Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.

- An explanation of the basis for selection of PPE.

- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated. Employes shall also be informed that the vaccine and vaccination will be offered at no cost to the employee.

- 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 regulation.

12.0 RECORD KEEPING

The Department of Human Resources shall maintain all Report of Injury forms for each employee with occupational exposure as required by 29 CFR 1910.1030 (See Appendix A).

The University shall comply with the requirements involving transfer of records set forth in the standard 29 CFR 1910.1020(h).

12.1 Medical Records

The University shall establish and maintain an accurate record for each employee with occupational exposure. Records shall be maintained for the duration of employment and 30 years thereafter, or per regulations, whichever is longer.

This record shall include the following:

- Name and social security number of the employee.

- Hepatitis B status and dates of vaccinations, including any medical records relative to the employee's ability to receive the vaccination.

- Copies of all results of examinations, medical testing, and follow-up procedures.

- Copies of the University's Hepatitis B vaccine acceptance or declination form(s).

- The University's copy of the healthcare professional's written opinion.
- Copy of the information provided to the healthcare professional.

The University shall ensure that the employee's medical records shall be kept confidential in accordance with the Health Insurance Portability and Accountability Act (HIPPA) and not disclosed or reported to any person within or outside the workplace without the employee's written consent, except as required by (29 CFR 1910.1030) (See Appendix A) or as may be required by law.

Employee medical records shall be provided upon request for examination and copying to the subject employee, anyone having written consent from the subject employee, and to the Director or Secretary of the Department.

12.2 Training Records

Training records shall be maintained by each Department for the duration of employment and/or three (3) years following the initial training period, whichever is longer.

Training records shall include the following information:

- Dates of the training session(s).
- Contents or summary of the training session(s).
- Names and qualifications of persons conducting the training.
- Names and job titles of all persons attending the training session(s).

Employee training records shall be provided upon request for examination and copying to the subject employee, anyone having written consent from the subject employee, and to the Director or Secretary of the Department.

12.3 Sharp's Injury Log

As the University is legally required to maintain a log off occupational injuries and illness per regulatory standards, the University shall establish and maintain a Sharps Injury Log for the recording of injuries where contaminated sharps have penetrated or punctured the skin. The information shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

The sharps injury log shall contain, at a minimum:

- The type and brand of the device involved in the incident.
- The department or work area where the exposure incident occurred.
- Explanation of how the incident occurred.

12.4 Safer Medical Devices

Safer sharps devices must be evaluated and documented to prevent or minimize exposures to bloodborne pathogens. This evaluation must also consider whether these devices could prevent future workplace exposures. Safer devices shall be implemented assuming that they are appropriate, commercially available, and effective.

Examples of safer medical devices are:

- Sharps with engineered sharps injury protections, a built-in safety feature, or mechanism that effectively reduces the risk of an exposure incident.
- Needless systems for the collection of bodily fluids after initial venous or arterial access is established.

13.0 REVIEW OF THE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

The Bloodborne Pathogen Exposure Control Plan shall be reviewed and updated at least annually and, as necessary, to reflect the following:

- New or modified tasks and/or procedures which may affect occupational exposure.
- New or revised employee positions with potential for occupational exposure.
- Changes in technology that eliminate or reduce exposure to bloodborne pathogens.
- Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

14.0 REFERENCES

U.S. Department of Labor OSHA Standards for General Industry:

OSHA has established the following standards for Bloodborne Pathogens, 29 CFR 1910.1030 (See Appendix A).

APPENDIX A- SUPPLEMENTAL INFORMATION

A) OSHA Bloodborne Pathogen Standard: 29 CFR 1910.1030

1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration (osha.gov)

B)

LOYOLA UNIVERSITY CHICAGO

HEPATITIS B VACCINATION ACCEPTANCE/DECLINATION FORM

ACCEPTANCE:

I understand and acknowledge that because of my job responsibilities at Loyola University Chicago I am at risk of occupational exposure to bloodborne pathogens, human body fluids, and/or other potentially infectious materials (OPIM). This exposure may put me at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me.

This is to certify that I have been provided with information regarding bloodborne pathogens and the Hepatitis B (HBV) vaccine. Based on this information, I am making an informed decision to accept the Hepatitis B (HBV) vaccine. I understand there is a series of three Hepatitis B inoculations required for this vaccination and that the vaccination is most effective when I have taken all three inoculations.

DECLINATION:

I understand and acknowledge that because of my job responsibilities at Loyola University Chicago I am at risk of occupational exposure to bloodborne pathogens, human body fluids, and/or other potentially infectious materials (OPIM). I may be at risk of acquiring Hepatitis B Virus (HBV) infection. This is to certify that I have been provided with information regarding bloodborne pathogens and the Hepatitis B (HBV) vaccine. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, which is a serious illness.

If, in the future, my job responsibilities at Loyola University Chicago continue to put me at risk of occupational exposure to bloodborne pathogens, human body fluids, and/or other potentially infectious materials (OPIMs) and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I **ACCEPT** the Hepatitis B vaccination inoculation.

OR

☐ I **DECLINE** the Hepatitis B vaccination inoculation.

Employee Name: _____ Date: _____

Employee Signature: _____

Employee Department: _____

Please see the following resources for additional information:

Occupational Safety & Health Administration (OSHA) Bloodborne Pathogen Standard 29 CFR 1910.1030. https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

Illinois Department of Public Health (IDPH) website.

https://dph.illinois.gov/topics-services/diseases-and-conditions/hepatitis.html

C) Loyola University Chicago Report of Injury Form

29 CFR 1910.1030 requires that the Department of Human Resources be responsible for maintaining all Report of Injury forms for each employee with occupational exposure. This injury report is available as a Human Resources online form.

https://www.luc.edu/hr/policies/policy_workerscomp/