



Bloodborne Pathogens Policy

Scope

This policy pertains to all employees of the College Community, including students working for the College who are exposed to potentially infectious diseases (Hepatitis B Virus (HBV) & Human Immunodeficiency Virus (HIV)).

Purpose

To set into place procedures, processes, and work practices that minimize the possibility of one person contracting infectious diseases (HBV & HIV) from another.

EXPOSURE CONTROL PLAN

Following is a list of job classifications in which all employees in these jobs have occupational exposure:

- Athletic Trainers (including student trainers), Coaches, and those handling laundry (including student employees) (first aid responders to athletic injuries)
- All Campus Security Personnel (first aid responders to injuries / accidents on campus)
- All Facilities Management employees (cleaning up potentially infectious waste cleaning restroom facilities, repair and conduct, maintenance on restrooms, facilities and associated plumbing)

Following is a list of job classifications in which some employees may have occupational exposure:

- Dining room supervisors (first aid for kitchen, accidents / injuries)
- Science faculty

Process

1. Methods of Compliance

- a. Universal precautions will be observed to prevent contact with potentially infectious materials.
- b. In hand washing facilities antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided and be readily accessible.
- c. Exposed body parts will be washed after personal protective equipment is removed and as soon as possible after exposure.
- d. Contaminated, non-reusable needles and sharps must be placed in approved containers.
- e. Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in areas where there is reasonable likelihood of exposure.
- f. Food and drink are not to be stored in the same areas with biological waste.
- g. Procedures involving infectious materials must be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- h. Specimens of infectious materials will be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- i. Containers of infectious materials must be capped.
- j. If a container of infectious material becomes contaminated, it will be placed inside a non-contaminated container.
- k. The College will provide the appropriate personal protective equipment (PPE) at accessible locations to minimize the chance of exposure.
- l. PPE will either be disposed of with other infectious materials or properly cleaned.
- m. Departments with job classifications listed in the Exposure Control Plan will maintain written schedules for cleaning in their areas, method of decontamination, surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- n. Contaminated work surfaces will be decontaminated with an appropriate disinfectant as soon as possible after being contaminated.
- o. Regulated waste will be placed in containers which are closeable, constructed to contain contents, and labeled appropriately.
- p. Regulated waste will be bagged or boxed in appropriate containers and placed in the freezer at the Brown Building to be picked up by Alpha Bio-Med Services every 90 days.



- q. Contaminated laundry is placed in laundry bags and picked up by Laundry Express for processing.
2. General
 - a. Hepatitis B vaccination series will be made available to all employees included in the Exposure Control Plan.
 - b. Hepatitis B vaccinations will be made available after employees receive bloodborne pathogen training but within ten days after their initial assignment.
 - c. Employees who decline to accept the Hepatitis B vaccinations will be asked to sign a waiver. (Bloodborne Pathogens 1910:30 App A)
 - d. If there is an exposure incident, the source individual's blood will be tested for HIV and HBV and the individual must complete an Accident Investigation Report.
 - e. Post-exposure evaluation and follow-up will be provided to employees who have had an exposure incident.
 - f. Blood results from the source individual will be made available to the exposed person along with rules of confidentiality.
 - g. Exposed employees' blood will be collected and tested as soon as feasible after the exposure. If medically indicated, counseling and an evaluation of reported illnesses will be provided.
 - h. Human Resources will maintain a copy of 1910:30 and the College Bloodborne Pathogen Policy.
 - i. Human Resources will be provided with a copy of the exposure investigation report. Human Resources will also receive copies of all blood work completed on the source and exposed persons.
3. Communication of Hazards
 - a. Appropriate labels will be affixed to containers of regulated waste, including refrigerators, freezers, and other containers of infectious material used to store, transport, and ship the materials.
 - b. All employees included in the exposure control plan shall be trained in the hazards associated with bloodborne pathogens.
 - c. Training will take place at the time of the initial assignment to a department or function listed in the exposure control plan and annually thereafter.
 - d. Changes in tasks or procedures will be appropriately communicated to all affected employees.
 - e. The training will include accessibility to and an explanation of the standard (1910:30), explanation of the epidemiology and symptoms of bloodborne diseases, how the diseases are transmitted, an explanation of the exposure control plan, how to recognize tasks that may involve exposure to infectious materials, use and limitations of methods that will reduce exposure to infectious materials, the types, proper use, location, removal, handling, decontamination and disposal of PPE, basis for selection of PPE, information on hepatitis B vaccine and its administration, appropriate actions to take and persons to contact in and emergency involving infectious materials, procedure to follow if an exposure incident occurs, information on the post-exposure evaluation and follow-up, and an explanation of the signs and labels.
4. Recordkeeping
 - a. Records will be kept for each person with an exposure incident, including the person's name and social security number, a copy of the person's hepatitis B vaccination status, results of examinations, medical testing, follow-up procedures, healthcare professional's written opinions, and information provided to the healthcare professional.
 - b. Medical records will be maintained for the duration of employment plus 30 years.
 - c. Training records will be maintained and will include dates of training, content of training, name and qualifications of person conducting the training, and names and job titles of the persons attending the class.
 - d. Training records shall be maintained for a period of three years from the date of the training.
 - e. The College will establish and maintain a sharps injury log for recording percutaneous injuries from contaminated sharps; the log will include the type of device involved, the department where the incident occurred, and an explanation of the incident.

Responsibilities

1. Facilities Management
 - a. Serve as a collection point for all infectious materials from the College and properly store the material in the freezer
 - b. Arrange for any laundry that may be necessary



2. Penn State Hershey Medical Group, Elizabethtown, in conjunction with Director of Student Wellness and Campus Health
 - a. Conduct exposure incident investigation, post exposure evaluation, follow-up, blood testing, medical opinions, and counseling
 - b. Provide Hepatitis B inoculations to employees
3. Safety/Human Resources
 - a. Arrange for the removal of biohazardous waste by a certified hauler (Alpha Bio-Med Services)
 - b. Maintain waste manifests
 - c. Assist in the development, updating, and delivery of a site-wide Bloodborne Pathogens training program
 - d. Maintain all training and incident records
4. Supervisors/Managers/Directors
 - a. Once trained, ensure that the methods of compliance are understood and followed by all employees

Evaluation

The Safety Committee shall be responsible for evaluating this policy annually.

Document History

Created: 6/2004

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