



Environmental Health and Safety Policy Number: 1-1		
Title: Bloodborne Pathogens – Exposure Control Plan		
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I. INTRODUCTION

In response to the increasingly recognized challenge of bloodborne infectious agents (especially the Hepatitis B virus [HBV] and the Human Immunodeficiency Virus [HIV]), the Occupational Safety and Health Administration (OSHA) has published the bloodborne pathogens regulation, **29 CFR 1910.1030**, a final standard for employers of one or more employees who may have occupational exposure to bloodborne pathogens in the workplace during the performance of their job. This standard requires that each employer establish a written exposure control plan, which spells out the steps the facility is taking to comply with the published regulations.

The plan must (1) be available to employees; (2) be reviewed and updated annually, or sooner if needed; and (3) be made available on request to federal officials. It must address:

- Determination of employee exposure
- Methods of compliance
- Universal precautions
- Engineering controls
- Work practice controls
- Personal protective equipment
- Housekeeping
- Laundry
- Hepatitis B vaccination policies
- Procedures for evaluation and management of exposure incidents
- Communication of hazards to employees (training signs, labels)

The elements covered by the standard are very similar, and in many respects identical, to traditional and existing rules related to infection control, as these issues have been a major concern to health care professionals for many years. The standard differs from traditional infection control guidelines by placing emphasis on the facility's responsibility as an employer for protecting its employees from workplace hazards, rather than on the public health benefits of preventing disease among patients, visitors and staff. Unlike such guideline-issuing agencies as the Center for Disease Control, OSHA is a **regulatory** agency with powers of **enforcement**.

II. PURPOSE AND SCOPE

The purpose of this document is to fulfill the requirement of the OSHA Bloodborne Pathogens Standard by bringing together in one place, and in the prescribed format, various existing policies to (1) prevent or minimize occupational exposure to bloodborne pathogens, and (2) provide appropriate evaluation, treatment, and counseling should an employee be involved in an accident when there is a possibility of exposure.

The OSHA Standard applies to all persons who regularly participate in the care of patients at University Eye Center, including (but not limited to) University Eye Center employees, affiliate employees, students, and volunteers, if their duties involve potential occupational exposure to bloodborne pathogens.

Since a variety of staff and national licensing and accrediting agencies also prescribe the creation, maintenance, and availability of policies and procedures for the control of such infections, whenever appropriate these policies are incorporated in the exposure control plan by reference to the University Eye Center Infection Control Manual or departmental service policies.

III. GENERAL PROGRAM MANAGEMENT

A. Responsibilities

Responsibility for preparing this plan, maintaining it, and coordinating its implementation is vested in the Environmental Safety and Infection Control Committee (ESIC).

Responsibility for monitoring aspects which primarily affect employee safety will be the responsibility of the Environmental Health and Safety Officer (EHSO), and for those primarily relating to infection control policies, and the prevention of nosocomial infection in their respective patients and staff, will be the responsibility of the Chief Medical Officer and his/her staff.

Responsibility for implementation of this plan and the requirements of the OSHA standard, which it embodies, rests with the Department Chair, Managers, Supervisors and Service Chiefs. In addition, the following individuals have special responsibilities:

- The EHSO has special responsibilities relating to training programs and training records, and for making copies of the regulatory text of the OSHA standard and this plan available to employees.
- The EHSO has special responsibilities for the Hepatitis B vaccination program, conducting post-exposure evaluations, and maintaining health records where required.
- The EHSO has special responsibilities (in conjunction with the Environmental Safety and Infection Control Committee (ESIC)) for the evaluation, selection, and procurement of products and equipment designed to minimize risk.
- Department Heads and their managers are responsible for disseminating the plan so that it is specific and relevant to the employees for whom they are responsible by:
 1. Identifying the position occupied by staff whose payroll title indicates that they may have occupational exposure.

2. Identifying the tasks performed by these employees, which may result in occupational exposure.
 3. Identifying the work practices, engineering controls, and personal protective equipment that are used to minimize the possibility of exposure.
 4. Ensuring that the maintenance of adequate inventories is effective and personal protective equipment is available, and that employees are trained in its maintenance, storage, and replenishment.
 5. Monitoring and enforcing the policies and procedures that have been developed to reduce the risk of exposure.
 6. Preventing unsafe practices by employees under their supervision.
- Each employee has a responsibility for
 1. Applying universal precautions.
 2. Following University Eye Center and departmental and service policies and procedures that reduce the risk of exposure to bloodborne pathogens.
 3. Actively contributing to the reduction or elimination of exposure hazards in their work environment.

B. Schedule of Implementation

Education regarding universal precautions has been a regular part of the orientation and annual employee in-service education programs of University Eye Center.

The existing program has been modified to include the existence and content of the OSHA standard, as well as the need for, and methods of, maintaining universal precautions. Implementation of this plan is effective immediately.

C. Review and updating.

The Environmental Health and Safety Officer will review this Exposure Control Plan at least annually. The EHSO will update the plan whenever changes in procedures create new occupational risks (or as otherwise necessary) and presents the plan to the Quality Assessment and Improvement Committee for review and approval. Once approved, the plan is forwarded to the Environmental Safety and Infection Control Committee (ESIC) for implementation.

D. Availability to employees

A copy of the regulatory text of the OSHA Standard, as well as this Exposure Control Plan, is provided to the Human Resources Department, which is responsible for ensuring its formal availability to employees. The actual infection control procedures are detailed in the University Eye Center's Infection Control Manual, which is available and in daily use on each patient care unit, in the offices of Departments and clinical support services and online on the EHS website. Service specific protocols, which contain additional, more specific policies and procedures for minimizing occupational exposure, are available through their respective supervisors and managers.

IV. DEFINITION OF TERMS

Biohazard labels: A warning label that is fluorescent orange or orange-red in color, with lettering and the international biohazard symbol in a contrasting color.

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

Bloodborne pathogens: Pathogenic microorganisms that are present in human blood, and that can infect and cause disease in persons exposed to the blood. These include Hepatitis B virus (HBV), Human Immunodeficiency virus (HIV), and certain other infections.

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

Dilute Bleach: A 1:10 mixture of a household bleach and water

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 that may contain sharps.

Contaminated Sharps: Any object contaminated with blood or other potentially infectious material that is capable of penetrating the skin.

Decontamination: The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point at which 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) that isolate or remove the bloodborne pathogen hazards from the workplace.

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

Hand-washing Facilities: A facility providing an adequate supply of running water, soap, and single use towels or hot air drying machine.

Licensed Healthcare Professional: A person whose legally permitted scope of practice allows him/her to independently perform the activities required of a Healthcare Professional in the OSHA standard.

HBV: Hepatitis B virus.

HIV: Human immunodeficiency virus.

Needleless 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 of an employee's duties.

Other Potentially Infectious Materials: (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 visible 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: The piercing of the skin barrier, including mucous membranes, through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment: Specialized clothing worn by an individual to protect him/her from a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

Regulated Waste: Any of the following: 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, which are capable of releasing these materials during handling; contaminated sharps; pathological or microbiological wastes containing blood or other potentially infectious materials.

Sharps with engineered sharps injury protections: A nonneedle 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: An individual, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life, including highly resistant endospores.

Universal Precautions: A method of infection control in which all human blood and certain body fluids are treated as if known to be infected with HIV, HBV and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

V. EXPOSURE DETERMINATION ACCORDING TO JOB CLASSIFICATION

The standard requires that all job classifications be reviewed and classed by whether the classification is one in which all or some individuals have occupational exposure (i.e. and employee in the category may be reasonably expected to have 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).

Upon review of job categories at The College of Optometry, it was determined that there are no classifications in which only some of the incumbents would be considered to have occupational exposure using the above definition. The following job classifications are those in which all incumbents located on clinic floors, research labs and the Biological Research Facility (BRF) are considered to have occupational exposure.

<i>Associate Director</i>	<i>University Police</i>
<i>Clinical Assistant Instructor</i>	<i>Research Scientist</i>
<i>Clinical Professor</i>	<i>Resident</i>
<i>Assistant Clinical Professor</i>	<i>Cleaner</i>
<i>Calculations Clerk 2</i>	<i>Senior Staff Assistant</i>
<i>Chief of Staff & Director of Professional Services</i>	<i>Executive Director</i>
<i>Chief Psychologist</i>	<i>Nurse</i>
<i>Counselor</i>	<i>Keyboard Specialist 1</i>
<i>Clerk 1</i>	<i>Maintenance Assistant</i>
<i>Clerk 2</i>	<i>Social Worker</i>
<i>Clinic Chief</i>	<i>Staff Assistant</i>
<i>Instructional Support</i>	<i>Staff Nurse</i>
<i>Chief of Services</i>	<i>Student Assistant</i>
<i>Ophthalmic Dispensing Manager</i>	<i>TH Medical Instrumentation Sr. Spec.</i>
<i>Optician</i>	<i>TH Medical Record Assistant 2</i>
<i>Optometric Technician</i>	<i>TH Social Worker 1 & 2</i>
<i>Optometrist-Level 1</i>	<i>Unit Chief</i>
<i>Optometrist Level 11</i>	<i>University Police</i>
<i>Patient Accounts Specialist</i>	
<i>Program Manager</i>	
<i>Psychologist</i>	

VI. METHODS OF COMPLIANCE

A. Universal Precautions

Universal Precautions are methods of infection control designed to protect health care workers and Patients from exposure to infectious agents especially bloodborne pathogens

The concept of Universal Precautions recognizes that medical history and examination alone cannot reliably identify all persons infected with HIV, HBV or other bloodborne pathogens. Therefore certain precautionary measures are indicated for ALL patients (universally) regardless of their diagnosis. All blood and moist body substances are considered to potentially harbor transmissible agents of disease (that is, germs).

Universal Precautions are the standard operating procedures for all tasks that require direct contact with blood, body fluid, bodily tissues and objects that are visibly or potentially contaminated with them. All employees in the performance of procedures, tasks or activities use them routinely where such contact may be expected.

Within the umbrella of universal precautions are included: hand washing, barrier technique (also referred to as personal protective equipment) and sharps precautions.

1. Use of judgment in the application of Universal Precautions.

In a healthcare environment it is impossible to set forth standard operating procedures that will cover all possible circumstances. There is always an element of judgment as to the likelihood that a given procedure will result in the exposure of an individual to blood or body fluids. In those tasks

where particular standards of protection have not been mandated, there will be individual variation in practice. Such variation is permissible, so long as it conforms to the principles of Universal Precautions as described above.

2. The Elements of Universal Precautions.

a. Hand washing:

Purpose: To prevent transferring contaminants (germs) from hands to other areas of the body or surfaces that may be touched.

Hand washing and washing of other skin surfaces is performed immediately and thoroughly if contaminated with blood or other body fluids. Hands are also washed routinely before and after patient contact and immediately after gloves are removed. The use of gloves does not preclude the necessity for hand washing. When hand-washing facilities are not available, antiseptic hand cleaners and towelettes may be used followed by hand washing with soap and running water as soon as possible.

b. Gloves:

Purpose: To reduce the incidence of gross microbial contamination of hands with blood and body substances and other pathogens that may be transmitted by direct contact or the blood borne route. Gloves are worn when it may be reasonably anticipated that there will be hand contact with blood or other potentially infectious material, mucous membranes, nonintact skin or when the health care worker has cuts, abrasions, or dermatitis. The use of gloves includes but is not limited to: dressing changes, wound debridement, when performing finger or heel sticks, during invasive procedures, clean up of blood spills, working directly with contaminated instruments and surfaces or specimen processing.

- Hands are washed immediately after removing gloves.
- Gloves are changed when a caregiver moves from one patient to another and replaced as soon as practical if they become contaminated or their ability to function as a barrier is compromised.
- Gloves must be of appropriate size, material, and quality
 - Usually nitrile
 - Sterile for sterile procedures
 - Heavy duty for housekeeping and facilities management personnel.
- Disposable (single use) gloves shall not be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated, or as soon as feasible if they are torn, punctured, or when their ability function as a barrier is compromised.
- Utility gloves may be washed or contaminated for reuse. They are discarded if cracked, peeling, punctured or torn, or if their ability to serve as a barrier is compromised.
- Nitrile do not prevent injuries due to needles or other sharp objects.
- Gloves, which are hypoallergenic or otherwise designed to minimize allergic reactions, are available.

c. Masks, safety glasses, facial shields, or protective goggles purpose:

To reduce the risk of contaminated body fluids from coming into direct contact with the mucous membranes of either the oral cavity, the eyes, or the respiratory tract. These are used when doing procedures or tasks that may generate droplets of blood, other body or bone chips – examples of such situations include certain dental and surgical procedures, wound irrigations, bronchoscopy and endoscopy and suctioning procedures.

Protective eyewear must include solid side shields.

d. Sharp Instruments, Devices and Containers Purpose:

To prevent injuries (cuts or punctures) caused by needles, scalpels, or other sharp instruments or devices during procedures, when cleaning used instruments, during disposal of needles or when handling sharp instruments after procedures.

Puncture resistant containers are used to dispose of needles, scalpel blades, lancets, glass and other sharp items.

- Contaminated needles should not be recapped by hand.
- Use alternate methods to direct recapping during procedures in which a contaminated needle must be recapped.
- Needles should not be bent, broken, reinserted into their original sheaths or removed from disposable syringes or handled unnecessarily.
- Sharps containers must be located as near to the area of use as possible.
- Sharps containers must not be overfilled and must be closed prior to removal or replacement.

e. Mouth to mouth resuscitation is not performed:

Mouthpieces, resuscitation bags, or other ventilation devices are strategically located and available for use in areas where the need for resuscitation is predictable. Employees who may be called upon to perform resuscitation must be aware of the location of this equipment.

f. Spills of Blood or Infectious Materials:

Spills are cleaned up promptly with a disinfectant solution such as a 1:10 dilution of household bleach (sodium hypochlorite) or other EPA certified Hospital Grade disinfectant. Gloves should be worn while cleaning spills.

g. Health care workers who have exudative lesions or weeping dermatitis:

Such employees should consult their personal physician regarding the advisability of refraining from direct patient care and from handling patient care equipment until the condition resolves.

h. All needles stick accidents and punctures, mucosal splashes or contamination of open wounds with blood and body fluids must be reported.

B. Engineering and Work Practice Controls.

1. Hand-washing

Readily accessible hand-washing facilities and products are provided in all areas where exposure may be reasonably anticipated. Employees are instructed to wash hands or other exposed skin with soap and water and to flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potential infectious materials. In areas where handwashing facilities are not readily available, a product that does not require running water may be used for skin antisepsis.

2. Reusable Sharps

Reusable sharps are not used at the State College of Optometry.

3. Disposable Sharps

Sharps disposal is in accord with the principles of universal precautions as outlined above and the Infection Control Manual. Puncture resistant, leak proof, and color coded disposal boxes are located as close to the point of use as is consistent with patient safety. Boxes are replaced routinely so as not to permit overfilling. When removed they are closed prior to removal to avoid spillage or protrusion of contents during transport or storage. If leakage is possible they are placed in a secondary container, which is closable constructed to contain and prevent leakage during handling, storage, transport or shipping, and labeled in accord with the OSHA standard. If a reusable container is used for storage or transport it is not opened, emptied or cleaned manually or in any other manner that would expose employees to the risk of cutaneous injury.

4. Instrument decontamination and transport

All contaminated or soiled eye instruments (excluding toner tips) will be placed in a covered metal container situated on a rolling cart opposite the nurse manager's office. The designated person will clean the instruments with gauze pads soaked in a disinfectant solution located on the cart. The instruments are then rinsed and placed on paper towels. The equipment is then autoclaved and returned to their proper location. All principles of universal precautions are always followed throughout this procedure.

5. Equipment decontamination

Used Equipment is removed from the patient examination area by unit personnel or user and placed in the "Dirty Utility Area": The user is expected to remove any gross spillage of blood or body secretions to prevent drying and caking. If any equipment requires repair or servicing it is transported by the *TH Medical Instrumentation Sr. Spec.* after decontamination.

Equipment provided and serviced by others follows the same procedures as outlined above except that decontamination may be performed in designated areas of that clinic.

Fixed equipment that does not leave rooms is cleaned or decontaminated according to Housekeeping and other service specific protocols.

6. Specimens Handling and Transport

Specimens containing blood or other potentially infectious material are placed in containers that prevent leakage during collection, handling, processing, storage, transport, or shipping, in accord with laboratory policies and procedures. Specimens, which are shipped outside the institution, must be appropriately labeled or color-coded in accord with the OSHA standard.

To prevent leakage of contents or outside contamination of the primary container, a biohazard specimen transport bag is used for specimens that are hand transported to the laboratory. If the specimen could puncture the outside of the primary container and/or the primary container is contaminated it shall be placed within a secondary puncture resistant container which prevents leakage during handling, processing, storage, transport, or shipping, and is appropriately color coded.

7. Unsafe practices

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and beverages shall not be kept in refrigerators, freezers, cabinets or on shelves, counters or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials are carried out in a manner to minimize splashing, spraying, spattering, and droplet generation. Mouth pipetting of potentially infectious material is prohibited.

8. Review of existing and innovative activities

All employees and managers should be alert to the need to institute engineering and work control practices that eliminated or minimize employee exposure to blood borne pathogens. When new work activities are introduced they should be examined for their propensity to produce occupational exposure and as to how such exposures may be avoided or minimized.

9. Animals

Animals, of any kind, are prohibited at the State College of Optometry. Guide dogs or service dogs may accompany the sightless, hearing impaired or otherwise physically impaired unless the presence of such dog is medically contraindicated or conflicts with infection control standards.

VII. PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is specialized clothing or equipment worn by employees for protection against a hazard. General work clothes, uniforms, etc. are not personal Protective equipment. Specific policies relating to the use of gloves, eye shields, and masks in the course of universal precautions are summarized above in the section on Universal precautions and detailed in the Infection Control Manual and service specific policies and procedures.

College of Optometry provides, cleans, and otherwise maintains at no cost to its employees, such personal protective equipment as is appropriate to the employee's tasks. Appropriate is defined in

the standard as not permitting blood or other potentially infectious material to reach the employee's street clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use. Such equipment includes, but is not limited to, gloves, laboratory coats, face shields, protective eyewear (with side shields), mouthpieces, resuscitation bags, pocket masks or other ventilation devices.

Appropriate personal protective equipment is issued to employees or is made available to them for individual use at readily accessible sites, as close to the point of use as consistent with good storage and patient care practices. Workers who are allergic to the standard glove are, after documentation of the allergy in the employee health assessment evaluation form, issued non-latex glove liners, hypoallergenic gloves or some other suitable alternative.

Employees are required to use appropriate personal protective equipment, and (with limits based on the nature of the task, degree to which technique is prescribed, and level of professional training) to use judgment in choosing which equipment to use in specific circumstances. In the unusual circumstance that professional judgment dictates that use of the protective equipment would have "prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety to the worker or a co-worker", the unusual circumstances are investigated by department or service directors, in consultation with the EHSO, to determine if changes can be instituted to prevent such occurrences in the future.

Personal protective equipment is removed after the contact is completed and prior to leaving the work area, and placed in an appropriate area or container for storage, washing, decontamination or disposal.

Should blood or other potentially infectious materials penetrate garments the affected garments are removed immediately or as soon as feasible. In the event of an extensive exposure or contamination of uniform, clothing or skin, the employee will be directed by supervisory personnel to the nearest wash facility or shower and provided with temporary clothing if necessary. Under these circumstances all uniforms and clothing will be handled as contaminated lined.

VIII. HOUSEKEEPING

A. General Cleaning Schedule

University Eye Center is maintained in a clean and sanitary condition, based on a written schedule for cleaning and written descriptions of methods of cleaning and decontamination. The methods and schedules are detailed in the University Eye Center Infection Control Plan for Bloodborne Pathogens Service Specific Plans.

B. Service Specific Cleaning Schedule

For areas in University Eye Center that contain equipment or environmental surfaces that are not routinely serviced by the housekeeping, the responsible department/service must specify in their Infection Control Protocol the specific cleaning schedules and methods that are in use.

C. Cleaning of Potentially Contaminated Equipment and work Areas

All environmental surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials. Work surfaces which may have become contaminated with these

materials are routinely decontaminated with a suitable disinfectant after completion of procedures, at the end of the work shift, and immediately (or as soon as feasible) if they are overtly contaminated or after a spill of blood or other potentially infectious material.

Protective covers such as plastic wrap, aluminum foil or imperviously backed absorbent paper used to cover environmental surfaces are removed and replaced as soon as feasible when they become overtly contaminated, or at the end of the work shift if they may have become contaminated in accord with general and service specific infection control policies.

All bins, pails cans and similar receptacles intended for reuse and which have a reasonable likelihood of becoming contaminated are inspected, cleaned and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately (or as soon as feasible) if visibly contaminated.

Broken glassware, which may be contaminated, will not be picked up directly with the hands. It will be cleaned up using mechanical means such as tongs, brooms and dustpans. The broken glass is to be placed in a sharps container and labeled as containing broken glass. If the glass is potentially contaminated with blood or other infectious materials, the container should then be placed into a sharps container and trained personnel should follow procedures for the disposal.

D. Handling and Disposal of Regulated Medical Waste

Regulated medical waste (RMW) is placed in containers that are closable, contain the contents and remain leak-proof during handling storage, transport or shipping. Containers are labeled or color-coded in accord with the specifications of the OSHA standard and applicable state and local health Codes. Containers are closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

When the regulated medical waste containers, red bags or sharp containers, are about half full the designated individual will call the Environmental, Health and Safety Department who will remove the container from the floor. The RMW is then stored in RMW room in the sub-basement until the time when a RMW contractor will pick-up the waste and dispose of it in the appropriate manner. All RMW manifest forms are kept in the Environmental Health and Safety Department.

Should outside contamination of a regulated waste container occur, the container is placed in a second container which is closable, constructed to contain all contents and prevent leakage during handling, storage, transport and shipping, labeled or color coded in accord with the standard, and closed prior to removal to control spillage or protrusion of contents. Any accidental exposure to regulated medical waste will be treated as any exposure incident.

(See XI B)

Training for handling RMW will be included with the Bloodborne pathogens training.

(See X. C.)

IX. LAUNDRY

For purposes of consistency, the terms “soiled” and “contaminated” laundry is considered synonymous. Although the OSHA standard uses the term contaminated laundry to refer

specifically to laundry potentially contaminated with bloodborne pathogens, the precautions mandated are also applicable to body substances to which the OSHA standard does not apply.

Soiled laundry is handled with a minimum of agitation, bagged or containerized at the location of use, and not sorted or rinsed at the location of use.

All soiled laundry is handled with universal precautions. Dry or moist soiled laundry is placed in fluid-resistant bags. Whenever soiled laundry is wet and presents a reasonable likelihood of soak-through or leakage, the laundry is placed and transported in impervious bags or containers that prevent such soak-through and/or leakage of fluids to the exterior.

All persons who handle soiled laundry wear protective gloves and such other appropriate personal protective equipment as specified in University Eye Center's Infection Control Manual and service specific policies and procedures.

X. COMMUNICATION OF HAZARD TO EMPLOYEES

A. Labeling and warning signs

Except as otherwise specified in this plan, warning labels are affixed to containers of regulated waste, refrigerators or freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious material. These labels are fluorescent orange, orange-red, or predominantly so, with lettering and the international biohazard symbol in a contrasting color. Labels are affixed in a manner that prevents loss or unintentional removal. Red bags or containers may be substituted for the above labels.

Labels for contaminated equipment must be in accord with the OSHA standard and must, in addition, have a section that permits the specification of which portions of the equipment remain contaminated.

B. Exemptions from labeling requirements

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

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

Regulated waste that has been decontaminated need not be labeled or color-coded under that standard (however such waste may require labeling under state or local law).

C. Education and Training about Occupational Exposure

All employees participate in orientation and in-service education that includes the elements of universal precautions and the specific measures that apply to their tasks. Departmental and service specific manuals and procedures also detail specific procedures.

Training on occupational exposure is currently incorporated into the annual online compliance training program. The curriculum includes information on the OSHA standard, bloodborne pathogens, universal precautions, regulated medical waste and other related topics. Provision is made for employee's questions to be answered by a person knowledgeable in this area.

D. Training Records

Training records include the following information: (1) date of session, (2) contents, lesson plan, or summary of the session, (3) names and job titles of all attendees, (4) name of the group leader or other knowledgeable person who is available to answer questions.

Training records are maintained for 3 years from the date of the session.

XI. PROPHYLAXIS AND MANAGEMENT OF EXPOSURES

A. Hepatitis B Vaccination Policies

The Hepatitis B vaccine and vaccination series is available to all employees who may potentially have occupational exposure, such as but not limited to, employees involved in patient care, maintenance of patient care areas and public safety. It is routinely recommended at the pre-employment evaluation visit and for those not previously vaccinated at the time of annual assessment, or following an exposure incident if indicated. Pre-screening is not required as a condition of receiving vaccine. There is no charge for vaccination or for exposure evaluation, counseling, or follow-up, nor for any booster doses that may in the future be required while the employee is covered by the OSHA standard.

Any employee who declines the hepatitis B vaccine is asked to sign a statement of declination with text as specified in Appendix A of OSHA standard. Those who initially decline but change their mind may obtain the vaccine at no charge when they so decide.

B. Management of Exposure Incidents

Employees are expected to report all incidents of exposure to bloodborne pathogens to their immediate supervisor. Post exposure vaccination, counseling and follow-up is provided to all employees who report exposures to blood or body fluids, in accord with current United States Public Health Services (USPHS) guidelines for the evaluation and management of possible HIV and HBV exposures. University Eye Center's policies are consistent with those specified in the OSHA standard and include documentation of the exposure circumstances, identification of source individual, and reporting to the employee of the results of any testing of the source patient (together with information about applicable state laws restricting disclosure of the identity or results of such testing to other individuals).

Licensed health care professionals who evaluate exposure incidents are provided with a copy of the appropriate policies and regulations, including this Exposure Control Plan, information on the circumstances of exposure, results of any testing of source or exposed individuals, and all relevant medical records, including employee vaccination status, which the employer is required to maintain.

C. Medical Records

For each employee with an occupational exposure, The College of Optometry maintains a record of (1) the name and social security number of the employee, (2) the employee's hepatitis B vaccination status, (3) copies of all required examination, testing, and follow-up procedures, (4) copies of written evaluations of healthcare professionals.

The College of Optometry maintains the above records in a confidential manner and do not disclose or report them without the employee's express written consent to any person, within or outside the workplace, except as required by the standard or by applicable law. The records are maintained at least for the duration of employment plus 30 years.

D. Written reports to the employee's superiors or College of Optometry's Administration

In order to preserve confidentiality, the information provided to management by physicians who evaluate exposure incident and eligibility for Hepatitis B vaccination is limited, under the OSHA standard, to that specified below. All other findings and diagnoses remain confidential and are not routinely provided to the employee's supervisors, or to the Human Resources Department.

The College of Optometry in its capacity as employer obtains a written opinion from any staff member who is a licensed health care professional who evaluates an employee for possible vaccination or exposure. College of Optometry will provide a copy of any such evaluation to the employee within 15 days of completion of the evaluation. The written opinion is limited to:

- (1) Hepatitis B vaccination; A statement as to whether or not hepatitis B vaccination is required for the employee and if the employee has received such vaccination.
- (2) Post exposure evaluation; A statement that the employee has been informed of the results of the evaluation and has been informed of any medical conditions resulting from exposure which might require further treatment.

E. Sharps injury log.

The College established and maintained a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log is maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log contain, at a minimum: (1). The type and brand of device involved in the incident. (2) The department or work area where the exposure incident occurred, and (3). An explanation of how the incident occurred.

XII. AVAILABILITY OF MEDICAL AND TRAINING RECORDS

All records required by the OSHA standard are made available for re-examination or copying, to employees, employee representatives, the Director, and Assistant Secretary in accord with CFR 1910.1020

Training records required by the OSHA standard are provided upon request, for examination or copying, to employees, employee representatives, the Director, and Assistant Secretary in accord with CFR 1910.1020

The College of Optometry Center complies with the requirements for transfer of medical records set forth in CFR 1910.1020 (h).

INQUIRIES/REQUESTS:

Environmental Health and Safety
Room 3M05
Office: (212) 938-5581
Fax: (212) 938-5585

**APPENDIX A
HEPATITIS B VACCINE WAIVER**

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 me.

Name (Please Print)

Department

Signature

Date

APPENDIX B

BLOODBORNE PATHOGENS POST-EXPOSURE CONSENT FORM

As a result of a needlestick or other percutaneous or permucosal injury/exposure, I may have been exposed to the Hepatitis B Virus (HBV) or possibly the Human Immunodeficiency Virus (HIV).

In accordance with recommendations established by the Centers for Disease Control, I agree to undergo laboratory testing for antibodies to both of these agents, and if indicated, vaccination for Hepatitis B.

The purpose of these recommendations are to reduce the risk of contracting Hepatitis B, a serious infection that may result in a prolonged illness, a chronic carrier state, or even death. Other than vaccination, there are no known alternative methods to reduce the risk of contracting this disease among susceptible individuals. The risk of contracting Hepatitis B from a HBV-contaminated needle is about 7-30%.

In addition, early diagnosis of an HIV infection may result in prolongation of life through the use of various therapeutic agents currently available. It will also assist the infected individual from transmitting the virus to other thorough sexual contact, donation of blood, blood products or organs, or other known means of virus spread. The risk of contracting the HIV virus from a needlestick is about 1 in 240 when the source patient is HIV positive. There are no known ways to reduce this risk after a needlestick.

Please choose one:

_____ I agree to undergo testing as outlined above.

_____ I agree to have my blood drawn but decline testing or treatment at this time. I understand my blood will be frozen for 12 weeks, and then discarded.

_____ I decline to be tested for HIV or HBV or vaccinated for HBV if indicated.

Signed: _____ Date: _____

Print Name: _____ Employee#: _____

Witness: _____