UNIVERSITY OF SOUTHERN MAINE
(Office of Campus Environmental Safety & Health)

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POLICY:

BLOODBORNE PATHOGENS

I. **Purpose:**

OSHA 1910.1030 Blood borne Pathogens. Limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of blood borne pathogens which could lead to disease or death.

II. **Scope:**

This policy is to cover **all university employees** who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials.

Infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency viruses (HIV) - containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV) - containing culture medium or other solutions as well as blood, organs, or other tissues from experimental animals infected with HIV or HBV.

III. **Exposure Control Plan:**

A. Identified job classifications for USM faculty, staff, and administration where occupational exposure to blood occurs without regard to personal protective clothing or equipment:
- Childcare
- Nursing faculty
- University Health Services
- Law enforcement (Police)
- Contracted physicians (University Health Care)

- Research Initiatives
- Athletic trainer and coaches of contact sports
- Hazardous waste services (blood/cholesterol personnel)
- Lifeline personnel (CPR instructors, nurses, physicians.)
- Recycling - Facilities
- Environmental Services, Trades - Plumbers, Facilities
- Residence Life - environmental and Appropriate Staff

Note: Or any other USM at risk departments.

B. <u>Tasks</u> associated with the above classifications.

Task defined: Any activity which involves the handling of or possibility of handling blood or other potentially infectious material as described earlier in Section II.

(Task 1) Where skin or barrier areas of the human body have been broken through such events as needle sticks, punctures, human bites, cuts/abrasions, and handling of body fluids.

Classifications included: University Health Services, contracted physicians, law enforcement, trainer and coaches, lifeline, custodians, trades - plumbers, child care workers, Residence Life, and Sports Medicine.

(Task 2) When handling pathological micro-organisms that are present in human blood.

Classifications included: Research Initiatives Lab and University Health Services.

(Task 3) Handling and/or removal of potential infectious waste for transportation including sharps containers, etc.

Classifications included: Hazardous waste services, nursing faculty, University Health Services, Environmental Services, and Residence Life Environmental.

(Task 4) Performing CPR and blood/fluid related first aid techniques.

Classifications included: Lifeline personnel, law enforcement, athletic trainer/coaches, Sports Medicine, Child Care, and University Health Services.

C. Exposure <u>INCIDENT PROCEDURES</u> (POST):

The following procedure is to be followed when an employee is exposed to an infectious material:

1. Report the exposure incident to your supervisor <u>immediately</u>.

2. Fill out work injury report.

3. Call Bayside Health Services (780-6631) for medical follow-up immediately.

4. The supervisor is to contact the Bayside Health Services with incident details for tracking as required by law and send a copy of the accident report to the University Office of Campus Environmental Safety & Health.

5. For specific exposure procedures reference USM's Exposure Control Plan.

NOTE: IMMEDIATE REPORTING IS ESSENTIAL IN ORDER TO FACILITATE THE PROCESS.

D. Employee Awareness:

This policy will be accessible to USM employees through the following means:

- Copies of the policy are to be sent out to all departments housing the classifications identified for posting.
- Our policy is available to employees on the Campus Environmental Safety & Health web site (www.maine.edu/osh).
- Covered in the USM new employee (staff) monthly orientation (Welcome Matters) and USM bloodborne faculty training.
- Annual in-service update training.

E. Annual Policy Review & Update:

Each school year, the policy is to be analyzed and updated. The review will be conducted by the USM Campus Environmental Safety & Health Director and University Health Services.

F. Methods of Compliance (1910.1030(d) are to be followed:

- **General** - Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- **Engineering and work practice controls** shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
- **Engineering controls** shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

- Employers shall provide handwashing facilities which are readily accessible to employees.
- When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- **Employers shall** ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- **Contaminated needles** and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Shearing or breaking of contaminated needles is prohibited.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
  1. Puncture resistant.
  2. Labeled or color-coded in accordance with this standard.
  3. Leakproof on the sides and bottom.
  4. In accordance with the requirements set forth for reusable sharps.
  5. Be sure to close top opening each time you deposit a sharp item.
- 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 drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain

within the facility. Labeling or color-coding is required when such specimens/containers leave the facility.

- If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
- **Personal protective equipment** - When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials 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.
- **Gloves**. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
- **All equipment** and environmental and working surfaces shall be cleaned with lab approved products and decontaminated after contact with blood or other potentially infectious materials.
- **Contaminated work surfaces** shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- 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 overtly 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 and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means.
- **Reusable sharps** that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to

reach by hand into the containers where these sharps have been placed.

- Regulated waste - contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
  - Closable
  - Puncture resistant
  - Leakproof on sides and bottoms
  - Labeled or color-coded in accordance with this standard
- 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.
  - Maintained upright throughout use.
  - Replaced routinely and not be allowed to overfill.
- Disposal procedure - USM Office of Campus Environmental Safety and Health, pick ups TBS (call 5406).
- 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 or color-coded according to standards.
- Containers shall not be opened once filled, emptied, or cleaned manually or in any other manner which would expose employees to the risk of per cutaneous injury.
- Other regulated waste containment - 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 or color-coded in accordance with standards.
  - 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 in 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 standards.
  - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.
- Research laboratories and production facilities shall meet the following criteria:
  Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy blood borne pathogens.
- Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.
- All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.
- Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
- Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy blood borne pathogens.
- Vacuum lines shall be protected with liquid disinfectant traps and high efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.
- Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture resistant container and autoclaved or decontaminated before reuse or disposal.
- All spills shall be immediately contained and cleaned up by appropriate trained staff or others properly trained and equipped to work with potentially concentrated infectious materials.
- A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
- A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.
- Containment equipment:
  Certified biological safety cabinets or other appropriate

combinations of personal protection or physical containment devices such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols. Biological safety cabinets shall be certified when installed, whenever they are moved and semi-annually.

- Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.
- An autoclave for decontamination of regulated waste shall be available.

G. Scheduling for Implementation {1910.1030(f) (2)}:

- **Vaccination (Hepatitis B)** - all designated employees (within the identified classifications) shall be offered H-B vaccine within ten (10) working days of initial assignment at no cost through our USM student health services. Training on the policy is mandatory before shots will be scheduled and documented by the USM training person.

Pre-screening may not be required as a condition of receiving the vaccine.

Employees must sign a declination form (rose in color) if they choose not to be vaccinated but may later opt to receive the vaccine at no cost to the employee.

Note: Without this form verifying training completion, University Health Services will not provide a vaccination.

Should booster doses later be recommended, employees must be offered them.

- Post exposure evaluation and follow up {1910.1030(f)(3)}

IV. Communication of Hazards to Employees {1910.1030 (g)(1)}:

- Labels

A. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F), and (G)

B. Labels required by this section shall include the following legend - "BIOHAZARD."

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

D. 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.

E. Red bags or red containers may be substituted for labels.

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

G. 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 labeling requirement.

H. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

I. Regulated waste that has been decontaminated need not be labeled or color-coded.

■ Signs

A. The employer shall post signs at the entrance to work areas specified in paragraph which shall bear the following legend - "BIOHAZARD."

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

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

V. **Information & Training {1910.1030(g)(2):**

Mandates training within 90 days of effective date, initially upon assignment and annually--employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include making accessible a copy of the regulatory text of the standard and explanation of its contents, general discussion on blood borne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. **NOTE:** HIV and HBV research training records are to be kept for three years from the date on which the training occurred Laboratory and production facility workers must receive additional specialized initial training.

VI. **Record keeping:**

Calls for medical records to be kept for each employee with occupational exposure for the duration of employment plus 30 years, must be confidential and must include name and social security number; hepatitis B vaccination status (including dates); results of any examinations, medical testing, and follow-up procedures; a copy of the healthcare professional's written

opinion; and a copy of information provided to the healthcare professional. Training records must be maintained for three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH; they are not available to the employer. Disposal of records must be in accord with OSHA's standard covering access to records.

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