

# EXPOSURE CONTROL PLAN

MERCER UNIVERSITY  
OCCUPATIONAL HEALTH PROGRAM

## A Plan for Prevention of Occupational Exposure and Transmission of Bloodborne Pathogens

### Preface

This Exposure Control Plan was prepared according to the OSHA Standard for Occupational Exposure to Bloodborne Pathogens {29 CFR 1910.1030}: "Each employer having an employee(s) with occupational exposure [to blood or other potentially infectious materials] shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure."

The Plan is consistent with CDC "Recommendations for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings" {MMWR 37 (24): 377-388 (June 24, 1988)}, which in turn is a supplement to CDC universal precautions for healthcare settings and research laboratories prescribed in "Recommendations for Prevention of HIV Transmission in Health-Care Settings" {MMWR 36 (2S; August 21, 1987)}. Additionally, the post-exposure evaluation plan will be conducted in accordance with the most current recommendations of the CDC "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis" {MMWR 50 (RR11); 1-42; June 29, 2001}. For research laboratories, the Plan is also consistent with CDC/NIH Biosafety in Microbiological and Biomedical Laboratories, 4th Ed. (1999), which contains criteria for Biosafety Levels 1 and 2 (and higher).

**The Plan was written for general applicability; it is a model. Each director or supervisor of employees with occupational exposure is required to prepare a plan that is specifically applicable to the tasks and procedures carried out in the particular healthcare, research, or academic setting.**

The Plan, as is the OSHA Standard, is designed for and is to be followed by University employees who are at risk of exposure. It therefore applies to traditional settings, such as clinical and research laboratories, but it also applies to teachers in educational programs in which human blood or other potentially infectious materials are involved. While neither the Plan nor the Standard applies to students in curricular activities, it is University policy that anyone working with potentially infectious materials is to do so under Universal Precautions ("Institutional Biosafety Committee, Notice of Intent (NOI) Form" June 2002).

## TABLE OF CONTENTS

I.	.....Purpose	1
II.	.....Scope and Application	1
	A. ....Mandate	1
	B. ....Definitions	1
III.	.....Annual Survey for Employees with Occupational Exposure	2
	A. ....Mandate	2
	B. ....Survey of Healthcare Workers	2
	C. ....Survey of Research Laboratories and Teaching Programs	3
IV.	.....Responsibilities of Supervisors and Higher Administration	3
V.	.....Guidelines for Prevention of Transmission of Bloodborne Pathogens	4
	A. ....Engineering and Work Practice Controls	5
	12. ....Cleaning and decontaminating spills	6
	B. ....Personal Protective Equipment	7
	C. ....Housekeeping	8
	7. ....Regulated waste	9
	8. ....Laundry	10
VI.	.....University Research Laboratories	10
	A. ....Universal Precautions	11
	B. ....Biosafety Level Criteria	11
	C. ....this Exposure Control Plan	11
VII.	.....Hepatitis B Vaccination and Post-Exposure Evaluation	11
	A. ....General	11
	B. ....Hepatitis B Vaccination	12
	C. ....Exposure Reporting.	12
	D. ....Post-Exposure Evaluation and Follow-up	13
	E. ....Information Provided to the Healthcare Professional	14
	F. ....Healthcare Professional's Written Opinion	14
IIX.	.....Medical Recordkeeping	15
	A. ....This record shall include	15
	B. ....Confidentiality	15
	C. ....Mercer University shall maintain the record	15
	D. ....Availability	15
IX.	.....Communication of Hazards to Employees	15
	A. ....Labels and Signs	15
	B. ....Information and Training	16
X.	.....Training Recordkeeping	17
XI.	.....Individual Recordkeeping	17

## I. Purpose

This Exposure Control Plan is intended to minimize the exposure to and transmission of bloodborne pathogens during the performance of tasks and procedures in healthcare, research, and educational settings. The OSHA Standard for Occupational Exposure to Bloodborne Pathogens {29 CFR 1910.1030} mandates that "Each employer having an employee(s) with occupational exposure [to blood or other potentially infectious materials] shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure."

This plan does not obviate the need for continued adherence to general infection-control principles and general hygiene measures, such as those detailed in other guidelines:

CDC "Recommendations for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings" {MMWR **37** (24): 377-388 (June 24, 1988)}, which in turn is a supplement to CDC universal precautions for healthcare settings and research laboratories prescribed in "Recommendations for Prevention of HIV Transmission in Health-Care Settings" {MMWR **36** (2S; August 21, 1987)}; and

CDC/NIH Biosafety in Microbiological and Biomedical Laboratories, 4th Ed. (1999), which contains criteria for Biosafety Levels 1 and 2 (and higher).

Employees with occupational exposure should be familiar with appropriate portions of these guidelines as supplements to this Exposure Control Plan.

## II. SCOPE AND APPLICATION

### A. Mandate.

The Exposure Control Plan "applies to all occupational exposure to blood or other potentially infectious materials ..."

### B. Definitions.

"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."

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

"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, and any body fluid that is visibly contaminated with blood ...; [i.e., all but visually blood-free urine and saliva]; (2) any unfixed tissue or organ ...; (3) HIV-containing cell or tissue cultures [or] 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."

"Clinical laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials." Within the University, this definition applies to the Center for Health Care, the Student Infirmary, the Center for Clinical Pharmacy, and the Histopathology Laboratory.

"Research laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV." Currently there are no laboratories within the University which meet this definition. Nevertheless, this Exposure Control Plan applies to all research laboratories in which blood or other potentially infectious materials are obtained, handled, used, stored, or disposed since Universal Precautions and Biosafety Level Criteria apply (see Part. VI).

### III. ANNUAL SURVEY FOR EMPLOYEES WITH OCCUPATIONAL EXPOSURE

#### A. Mandate.

"Each employer who has an employee(s) with occupational exposure [to blood or other potentially infectious materials] ... shall prepare an exposure determination." This determination is to contain (1) a list of all job classifications in which some or all employees have occupational exposure and (2) a list of all tasks and procedures (or groups of such procedures) in which occupational exposure occurs.

#### B. Survey of Healthcare Workers.

An annual "Survey of University Healthcare Workers with Exposure to Bloodborne Pathogens" will identify the director of the University clinic or laboratory, employees with occupational exposure, and relevant tasks and procedures. The survey will inform the director of compliance needs in regards to the OSHA Standard, including training of employees in Universal Precautions and the Exposure Control Plan. Conducting this survey satisfies in part the requirements of Individual Recordkeeping as specified in Part XI.

#### C. Survey of Research Laboratories and Teaching Programs .

A annual "Survey for Research and Teaching Involving Infectious Agents, Recombinant DNA, or Potentially Infectious Materials Requiring Universal Precautions" will identify research laboratories and teaching programs with occupational exposure. Each project involving blood or other potentially infectious materials will be reported to the Institutional Biosafety Committee (IBC) using the "Notice of Intent (NOI) Form" which the Principal Investigator or Instructor must complete and submit to the IBC for approval. The NOI contains a description of all tasks and procedures involving occupational exposure. Furthermore, it queries the Principal Investigator or Instructor for compliance with the OSHA Standard, including training of employees in Universal Precautions. Response to the NOI satisfies in part the requirements of Individual Recordkeeping as specified in Part XI.

### IV. RESPONSIBILITIES OF SUPERVISORS AND HIGHER ADMINISTRATION

The primary responsibility for implementing the provisions of this Exposure Control Plan must be assumed by each director, supervisor, or principal investigator of each facility in which workers are at risk for exposure to bloodborne pathogens. Responsibility includes assurance to the University of the following:

1. that "universal precautions shall be observed to prevent contact with blood and other potentially infectious materials" {1910.1030.d.1}.
2. that "engineering and work practice controls shall be used to eliminate or minimize employee exposure" {1910.1030.d.2.i}.

"Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace."

"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)." {1910.1030.b}

3. that "engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness" {1910.1030.d.2.ii}.
4. that, at no cost to the employee, the employee shall be provided with and shall use 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. {1910.1030.d.3.i, ii}

"Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard." {1910.1030.b}

5. that, at no cost to the employee, personal protective equipment is readily accessible; is hypoallergenic for those persons allergic to equipment normally provided; is cleaned, laundered, or disposed; and is repaired or replaced as needed to maintain its effectiveness. {1910.1030.d.3.iii-v}
6. that the worksite is maintained in a clean and sanitary condition and that an appropriate 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 determined and implemented. {1910.1030.d.4.i}
7. that "disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States, and Territories." {1910.1030.d.4.iii.C}

"Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials ... 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." {1910.1030.b}

8. that "employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment." {1910.1030.d.4.iv.B}
9. that, free of cost to the employee, the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up by a licensed physician shall be made available through the Health and Safety Office and the Mercer Health Systems to all employees who have occupational exposure. {1910.1030.f.1.i-ii}
10. that the Division of University Research & Health Affairs, cooperatively with the employee's Health Care Provider and the employee's supervisor, can assist in establishing and maintaining an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20, {1910.1030.h.1.i}; and all current federal and state medical information privacy laws in effect at the time of the exposure incident.

**V. GUIDELINES FOR PREVENTION OF TRANSMISSION OF BLOODBORNE PATHOGENS**  
 [Methods of Compliance {1910.1030.d}]

All employees at risk of exposure shall, under appropriate supervision and with appropriate implements and methods, adhere to the following guidelines.

**A. Engineering and Work Practice Controls.** {1910.1030.d.2}

1. The room in which blood or other potentially infectious materials are obtained, handled, or used must be equipped with handwashing facilities which are readily accessible to employees. These facilities must include an adequate supply of running potable water, soap, and single-use towels or hot-air drying machines. {1910.1030.b; d.2.iii}
2. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. {1910.1030.d.2.v}
3. Employees shall wash hands and any other skin with soap and water and shall flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. {1910.1030.d.2.vi}
4. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the supervisor can demonstrate that no alternative is feasible. Recapping or needle removal must be accomplished through the use of a mechanical device. {1910.1030.d.2.vii}
5. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. Containers must be puncture-resistant, leakproof, and labeled appropriately, including the universal biohazard emblem unless red bags or red containers are used. The user must not have to reach by hand into the container. {1910.1030.d.2.viii; d.4.ii.E}

6. 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. {1910.1030.d.2.ix}
7. 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. {1910.1030.d.2.x}
8. 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. {1910.1030.d.2.xi}
9. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. {1910.1030.d.2.xii}
10. 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 must be labeled appropriately, including the universal biohazard emblem unless red bags or red containers are used, and must be closed prior to being stored, transported, or shipped. If leakage is a reasonable possibility, the primary container shall be placed within a second container which prevents leakage. {1910.1030.d.2.xiii; g.1.i}
11. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary and if feasible. If the equipment remains contaminated, contaminated parts must be identified, and the equipment must be labeled appropriately, including the universal biohazard emblem. This information shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate. {1910.1030.d.2.xiv; g.1.i.H}
12. **Cleaning and decontaminating spills.** {MMWR 38 (No. S-6): 16-17, 36 (June 23, 1989)}
  - a. All spills of blood or fluids containing potentially infectious material should be promptly cleaned up using either (i) an EPA-registered "hospital disinfectant" chemical germicide that has a label-claim for tuberculocidal activity or (ii) a 1:100 to a 1:10 dilution of common household bleach, depending upon the amount of organic material.
  - b. The following procedure should be carried out while wearing gloves.
    - i. Visible material should first be removed with disposable towels, absorbent pads or other barriers, or other appropriate means that will ensure against spread of or direct contact with the spilled fluid.
    - ii. If splashing is anticipated, protective eyewear should be worn along with an impervious gown or apron.
    - iii. The area should then be decontaminated with an appropriate germicide.
    - iv. Hands should be washed following removal of gloves.
    - v. Soiled cleaning equipment should be cleaned and decontaminated or placed in an appropriate container and disposed of according to Part V.C.7.b.
    - vi. Appropriately labeled plastic bags should be available for removal of contaminated items from the site of the spill.

B. Personal Protective Equipment. {1910.1030.d.3}

1. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible. {1910.1030.d.3.vi}
2. All personal protective equipment shall be removed prior to leaving the work area. {1910.1030.d.3.vii}
3. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. {1910.1030.d.3.viii}
4. **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, or non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces. {1910.1030.d.3.ix}
  - a. 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 or punctured, or when their ability to function as a barrier is compromised.
  - b. Disposable gloves shall not be washed or decontaminated for re-use.
  - c. 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.
5. **Masks, eye protection, and face shields.** 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 other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. {1910.1030.d.3.x}
6. **Gowns, aprons, and other protective body clothing.** 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 will depend upon the task and degree of exposure anticipated. {1910.1030.d.3.xi}
7. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated. {1910.1030.d.3.xii}

C. Housekeeping. {1910.1030.d.4}

The director or supervisor of each laboratory or other workplace shall coordinate with the appropriate departmental or university authority to effect a schedule and procedure for routine floor cleaning and trash disposal. {1910.1030.d.4.i}

Additionally, the director or supervisor of each laboratory or other workplace shall implement the following:

1. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. {1910.1030.d.4.ii}
2. 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. {1910.1030.d.4.ii.A}
3. 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. {1910.1030.d.4.ii.B}

4. 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. {1910.1030.d.4.ii.C}
5. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. {1910.1030.d.4.ii.D}
6. 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 wherein these sharps have been placed. {1910.1030.d.4.ii.E}
7. **Regulated waste.** "Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials ... 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." {1910.1030.b}

**a. Contaminated sharps**

- i. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on the sides and bottom and that are labeled appropriately, including the universal biohazard emblem unless red bags or red containers are used. {1910.1030.d.4.iii.A.1.i-iv; g.1.i.A,E}
- ii. 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; shall be maintained upright throughout use; and shall be replaced routinely and not be allowed to overfill. {1910.1030.d.4.iii.A.2.i-iii}
- iii. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement and placed in a secondary container if leakages is possible. The secondary container shall be closable; constructed to contain all contents and to prevent leakage; and labeled appropriately, including the universal biohazard emblem unless red bags or red containers are used. {1910.1030.d.4.iii.A.3.i-ii; g.1.i.A,E}
- iv. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury. {1910.1030.d.4.iii.A.4}

**b. Other regulated waste**

- i. Regulated waste shall be placed in containers which are closable; constructed to contain all contents and to prevent leakage; labeled appropriately, including the universal biohazard emblem unless red bags or red containers are used; and closed prior to removal or replacement to prevent spillage or protrusion of contents. {1910.1030.d.4.iii.B.1.i-iv; g.1.i.A,E}
  - ii. If outside contamination of the regulated waste container occurs, it shall be placed in a second container that is closable; constructed to contain all contents and to prevent leakage; labeled appropriately, including the universal biohazard emblem unless red bags or red containers are used; and closed prior to removal or replacement to prevent spillage or protrusion of contents. {1910.1030.d.4.iii.B.2.i-iv; g.1.i.A,E}
8. **Laundry.** Although soiled linen may be contaminated with pathogenic microorganisms, the risk of actual disease transmission is negligible. Rather than rigid procedures and specification, hygienic storage and processing of clean and soiled linen are recommended. {MMWR 38 (No. S-6): 17 (June 23, 1989)}

- a. Soiled linen shall be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. {MMWR 38 (No. S-6): 16-17, 36 (June 23, 1989)}
- b. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. {1910.1030.d.4.iv.A.1}
- c. Contaminated laundry shall be placed and transported in bags that are labeled appropriately, including the universal biohazard emblem unless red bags or red containers are used. {1910.1030.d.4.iv.A.2.; g.1.i.A,E}
- d. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage. {1910.1030.d.4.iv.A.3}
- e. Normal laundry cycles shall be used according to the washer and detergent manufacturers' recommendations. {MMWR 38 (No. S-6): 16-17, 36 (June 23, 1989)}

## VI. UNIVERSITY RESEARCH LABORATORIES

This Part stands instead of "HIV and HBV Research Laboratories and Production Facilities" {1910.1030.e}.

Supervisors of research laboratories in which blood or other potentially infectious materials are collected, handled, used, or stored shall employ appropriate and feasible provisions of the following:

- A. Universal Precautions: CDC "Recommendations for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings" {MMWR 37 (24): 377-388 (June 24, 1988)}, which in turn is a supplement to CDC universal precautions for healthcare settings and research laboratories prescribed in "Recommendations for Prevention of HIV Transmission in Health-Care Settings" {MMWR 36 (2S; August 21, 1987)}.
- B. Biosafety Level Criteria: CDC/NIH Biosafety in Microbiological and Biomedical Laboratories, 4th Ed. (1999), which contains criteria for Biosafety Levels 1 and 2 (and higher).
- C. this Exposure Control Plan.

## VII. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION {1910.1030.f}

### A. General.

1. The University, through the Center for Health Care, shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure and post-exposure evaluation and follow-up to all employees who have had an exposure incident. {1910.1030.f.1.i}
2. The University shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are
  - a. made available at no cost to the employee {1910.1030.f.1.ii.A};
  - b. made available to the employee at a reasonable time and place {1910.1030.f.1.ii.B};
  - c. performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional {1910.1030.f.1.ii.C}; and
  - d. provided according to current recommendations of the U.S. Public Health Service {1910.1030.f.1.ii.D}.

3. The University shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee. {1910.1030.f.1.iii}

B. Hepatitis B Vaccination. {1910.1030.f.2}

1. Hepatitis B vaccination shall be made available after the employee has received the training required below (Part IX.B, below) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, or unless antibody testing has revealed that the employee is immune, or unless the vaccine is contraindicated. {1910.1030.f.2.i}
2. The University shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination. {1910.1030.f.2.ii}
3. If the employee initially declines HBV vaccination but at a later date while still covered under the standard decides to accept the vaccination, the University, through the Center for Health Care, shall make available hepatitis B vaccination at that time. {1910.1030.f.2.iii}
4. The University shall assure that employees who decline to accept hepatitis B vaccination sign the statement in Appendix B. {1910.1030.f.2.iv}
5. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available as described above. {1910.1030.f.2.v}

C. Exposure Reporting.

1. "Exposure incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties." {1910.1030.b}
2. Each director or supervisor shall inform the employee with occupational exposure as to how to respond to specific types of exposure incidents that may occur within the workplace. The incident and the course of response must be reported as soon as feasible to the immediate director or supervisor by the employee or one providing assistance.
3. In the event of an exposure incident, the director or supervisor shall document the route(s) of exposure and the circumstances under which the exposure incident occurred {1910.1030.f.3.i}. This documentation shall be made available to the University for implementation of post-exposure evaluation and follow-up.
4. The director or supervisor shall report as soon as feasible the exposure incident to the following individuals:

Dr. David Innes, Associate Vice President for University Research & Health Affairs , 478-301-4075

Mr. Gary Collins, as Director, University Police Department, 478-301-2970 [for a standard "Incident Report"]

D. Post-Exposure Evaluation and Follow-up. {1910.1030.f.3}

Following a report of an exposure incident, the University shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred. {1910.1030.f.3.i}

2. Identification and documentation of the source individual, if one is involved, unless the University can establish that identification is not feasible or is prohibited by state or local law. {1910.1030.f.3.ii}
  - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the University shall establish that legally required consent cannot be obtained. When the source individuals's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. {1910.1030.f.3.ii.A}
  - b. 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. {1910.1030.f.3.ii.B}
  - c. 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. {1910.1030.f.3.ii.C}
3. Collection and testing of blood for HBV and HIV serological status. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. 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. {1910.1030.f.3.iii.A,B}
4. Post-exposure prophylaxis, when medically indicated. {1910.1030.f.3.iv}
  - a. The post-exposure evaluation plan will be conducted in accordance with the most current recommendations of the CDC; "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis" {MMWR 50 (RR11); 1-42; June 29, 2001}.
5. Counseling and evaluation of reported illnesses. {1910.1030.f.3.v,vi}

E. Information Provided to the Healthcare Professional. {1910.1030.f.4}

The Mercer Health Systems shall be provided the following:

1. by the Division of University Research & Health Affairs, a copy of the current revision of the 29 CFR 1910.1030 {1910.1030.f.4.ii.A}; and the most current recommendations of the U.S. Public Health Service concerning infection control and associated topics;
2. by the supervisor, a description of the exposed employee's duties as they relate to the exposure incident {1910.1030.f.4.ii.B};
3. by the supervisor, documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred {1910.1030.f.4.ii.C}; and
4. by the employee, all medical records relevant to the appropriate treatment of the employee, including vaccination status {1910.1030.f.4.ii.E}.

F. Healthcare Professional's Written Opinion. {1910.1030.f.5}

The Mercer Health Systems shall obtain and provide the employee who has had an exposure incident with a copy of the evaluating physician's written opinion within 15 days of the completion of the evaluation.

1. The physician's written opinion for hepatitis B vaccination shall be limited to whether vaccination is indicated for an employee. {1910.1030.f.5.i.}

2. The physician's written opinion for post-exposure evaluation shall be limited to statements that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. {1910.1030.f.5.ii.A,B}
3. All other findings or diagnoses shall remain confidential and shall not be included in the written report. {1910.1030.f.5.iii}

#### **IX. MEDICAL RECORDKEEPING {1910.1030.h.1}**

The Division of University Research & Health Affairs, cooperatively with the employee's Health Care Provider and the employee's supervisor, can assist in establishing and maintaining an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20, {1910.1030.h.1.i}; and all current federal and state medical information privacy laws in effect at the time of the exposure incident.

##### **A. This record shall include {1910.1030.h.1.ii}:**

1. the name and social security number of the employee;
2. a copy of the employee's hepatitis B vaccination status, including the dates of all the vaccinations and any medical records relative to the employee's ability to receive vaccination as required by Part VII.B, above;
3. a copy of all results of examinations, medical testing, and follow-up procedures as required by Part VII.C, above;
4. a copy of the physician's written opinion as required by Part VII.E, above; and
5. a copy of the information provided to the physician as required by Part VII.D, above.

##### **B. Confidentiality.**

Mercer University shall assure that employee medical records required by this Part are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. {1910.1030.h.1.iii}

##### **C. Mercer University shall maintain the records required by this Part for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20, {1910.1030.h.1.iv}; and all current federal and state medical information privacy laws in effect at the time of the exposure incident.**

##### **D. Availability.**

Employee medical records required by this Part shall be provided upon request for examination and copying to the subject employee and to anyone having written consent of the subject employee, {1910.1030.h.3.iii}; and in accordance with all current federal and state medical information privacy laws in effect at the time of the exposure incident.

## **IX. COMMUNICATION OF HAZARDS TO EMPLOYEES** {1910.1030.g}

### **A. Labels and Signs.** {1910.1030.g.1}

1. **Labels.** Warning labels shall be affixed to containers of regulated waste; to refrigerators and freezers containing blood and other potentially infectious materials; and to other containers used to store or transport blood or other potentially infectious materials, except as provided by Part IX.A.1.c-e, below. {1910.1030.g.1.i}
  - a. Labels required by this section shall include the universal biohazard emblem in black and orange. {1910.1030.g.1.i.B,C}
  - b. Labels required by this Part shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. {1910.1030.g.1.i.D}
  - c. Red bags or red containers may be substituted for labels. {1910.1030.g.1.i.E}
  - d. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for clinical use are exempted from the labeling requirements of this Part. {1910.1030.g.1.i.F}
  - e. 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.
  - f. Labels required for contaminated equipment shall be in accordance with this Part and shall also state which portions of the equipment remain contaminated. {1910.1030.g.1.i.H}
  - g. Regulated waste that has been decontaminated need not be labeled or color-coded. {1910.1030.g.1.i.I}
2. **Signs.** Currently, no activities within the University require the use of universal biohazard signs except as applicable in Part VI. [cf. {1910.1030.g.1.ii}]

### **B. Information and Training.** {1910.1030.g.2}

Employees with occupational exposure shall participate in a training program which will be provided during working hours and at no cost to the employee. {1910.1030.g.2.i} Training shall be coordinated by the OPRR.

1. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. {1910.1030.g.2.ii}
2. Annual training for all employees shall be provided within one year of their previous training. {1910.1030.g.2.iii}
3. The training program shall be carried out in accordance with the OSHA Standard for Occupational Exposure to Bloodborne Pathogens (29 CFR 1910.1030). {1910.1030.g.2.vi-viii}

## **X. TRAINING RECORDKEEPING {1910.1030.h.2}**

Training records shall be kept by the Health and Safety Office (HSO) and shall include (a) the dates of the training sessions; (b) the contents or a summary of the training sessions; (c) the names and qualifications of persons conducting the training; and (d) the names and job titles of all persons attending the training sessions. The records shall be maintained for 3 years from the date on which the training occurred. {1910.1030.h.2.i-ii}

Investigators, supervisors, directors, or instructors of employees with occupational exposure to human blood or other potentially infectious materials shall provide the HSO with the training records of individuals through the provisions of Part XI.

Employee training records required by this Part shall be provided upon request for examination and copying to employees and their representatives. {1910.1030.h.3.ii}

## **XI. INDIVIDUAL RECORDKEEPING**

- A. **Responsibility.** It is the responsibility of each investigator, supervisor, director, or instructor of employees with occupational exposure to human blood or other potentially infectious materials to keep a record for each individual or group of individuals for the purpose of assisting with the recordkeeping required by Parts III.B,C; IIX.A; and X.
- B. For clinical laboratories, this record shall include a completed "Mercer University Institutional Biosafety Committee Notice of Intent (NOI) Form," including the required lists of job classifications and tasks and procedures (Appendix A.1).
- C. For research and teaching activities, this record shall include
  - 1. a completed "Mercer University Institutional Biosafety Committee Notice of Intent (NOI) Form" (Appendix A.2);
  - 2. written protocols and procedures for activities or tasks involving human blood or other potentially infectious materials;
  - 3. a record of formal training of the individual in Universal Precautions and this Plan;
  - 4. a brief summary of continual informal training of the individual in precautionary practices and procedures; and
  - 5. a record of exposure incidents.
- D. Copies of these Individual Records shall be submitted by the responsible person to the HSO, at least annually.
- E. The IBC shall evaluate these Individual Records for
  - 1. compliance with the OSHA Standard; and
  - 2. sufficiency of training methods.