



**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**

**EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS**

**Updated 8-1-2023**

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## **POLICY**

Southwestern Oklahoma State University (SWOSU) is dedicated to providing a safe workplace for employees and students and to comply with federal and state occupational health and safety standards. SWOSU complies with the requirements of the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens (BBP) Standard and its amendments. Laboratory administrators, managers, supervisors, faculty, staff, and students share responsibility for minimizing their occupational exposure to human blood and other potentially infectious materials (OPIM). The Exposure Control Plan (ECP) shall be implemented for all facilities at SWOSU, where performance of employees' duties can be expected to result in occupational exposure to human blood or OPIM. The ECP is provided to eliminate or minimize occupational exposure to BBP in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

SWOSU believes there are a number of good general principles, which should be followed when working with potentially contaminated materials. They include:

- Minimizing employee exposure
- Recognizing the possibility that exposure exists
- Instituting work practice and engineering control
- The University has implemented an ECP to meet the letter and intent of OSHA BBP standard. The objective of this plan is:
  - to protect University employees from the health hazards associated with BBP.
  - to provide appropriate treatment and counseling should an employee be exposed to a BBP.

## **DEFINITIONS**

**Blood**- human blood, blood components, and other potentially infectious materials.

**Bloodborne pathogens (BBP)**- pathogenic microorganisms that are present in human blood that can cause disease in humans, such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

**Contaminated**- the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Decontamination**- the use of physical or chemical means to remove, inactivate, or destroy BBP on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls**- controls (e.g., safer medical devices, such as sharps with engineered sharps injury protections and needleless systems, sharps disposal containers, self-sheathing needles) that isolate or remove the BBP hazard from the workplace.

**Exposure incident**- 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.

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

**HBV**- Hepatitis B Virus

**HCV**- Hepatitis C Virus

**HIV**- Human Immunodeficiency Virus

**Laundry, contaminated**- laundry, which has been soiled with blood or other potentially infectious materials, or may contain sharps.

**Occupational exposure**- reasonably anticipated skin, eye, 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.

**Other potentially infectious materials (OPIM)** - human blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Parenteral**- piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal protective equipment (PPE)**- specialized clothing or equipment worn by an employee, which acts as a barrier against infectious substances.

**Sharps**- any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.

**Sharps, contaminated**- any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.

**Source individual**- any individual, living, or dead, whose blood or other potentially infectious materials may be source of occupational exposure to an employee.

**Sterilize**- the use of a physical or chemical procedure to destroy all microbial life.

**Universal precautions**- treating all blood and certain human body fluids as if they are known to be infectious for HBV, HCV, HIV, or other BBP.

**Waste, biological**- Any material that contains or has been contaminated by a biohazardous agent.

**Waste, regulated**- 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 caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.

**Work practice controls**- controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **GENERAL PROGRAM MANAGEMENT**

### **A. RESPONSIBLE PERSONS**

There are four major “Categories of Responsibility” that are central to the effective implementation of the ECP. These are:

- Exposure Control and Education Coordinator
- Department Heads/Directors
- Campus Nurse
- University Employees

### **EXPOSURE CONTROL AND EDUCATION COORDINATOR**

SWOSU’s Exposure Control and Education Coordinator will be responsible for the overall management and support of the BBP compliance program and providing information and education to employees who have the potential for exposure to BBP.

Activities falling under the direction of the coordinator include:

- Maintaining an up-to-date list of facility personnel requiring education (in conjunction with the Physical Plant and Human Resources).
- Developing suitable education programs.
- Scheduling periodic training for employees.
- Reviews medical actions PPE with the Campus Nurse.
- Providing appropriate educational documentations such as “sign-in sheets”, quizzes, etc. to the Assistant Director of Human Resources.
- Periodically reviewing the education programs to include appropriate new information.
- Overall responsibility for implementing the Exposure Control Plan.
- Working with supervisors and other employees to develop and administer any additional BBP related policies and practices needed to support the effective implementation of this plan.
- Looking for ways to improve the Exposure Control Plan, as well as revising and updating the plan when necessary.
- Collecting and maintaining a suitable reference library on the BBP standard and BBP safety and health information.
- Knowing current legal requirements concerning BBP.
- Acting as facility liaison during any Public Employees Occupational Safety and Health (PEOSH) inspection.
- Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.

The SWOSU Safety Coordinator serves as the primary Exposure Control and Education Coordinator but will be assisted by the Assistant Director of Human Resources.

## Department Heads & Directors

Supervisors are responsible for exposure control in their respective areas, including review and replacement of existing engineering controls. They work directly with the Exposure Control and Education Coordinator and university employees to ensure that proper exposure control procedures are followed.

Activities falling under supervisors include:

- Identifying employees whose job responsibilities may put them at risk for exposure to BBP.
- Ensure all Principal Investigators (PI), faculty, and staff are aware of and follow the requirements of the Exposure Control Plan within their respective departments.
- Ensure the most up to date ECP is readily available to all personnel in their work area.

## Campus Nurse

Activities falling under SWOSU’s Campus Nurse include:

- Oversee that all medical actions recommended are performed and that appropriate medical records are maintained.

- Assist in identifying and documenting personnel with possible exposure to bloodborne pathogens and provide/report this information to the Exposure Control and Education Coordinator.
- Provide direction for a confidential post-exposure medical evaluation and follow-up the Sharps Injury Annual review as needed.
- Coordinate the proper management and disposal of regulated waste; disposal bags, and containers must be procured by each department.
- Maintain Hepatitis B Vaccine forms, and other associated records as needed.

## EMPLOYEES

SWOSU employees have the most important role in the BBP compliance program, for the ultimate execution of much of the Exposure Control Plan rests in their hands in this role. They must do things such as:

- Know what tasks they perform that have occupational exposure.
- Attend the BBP education sessions and/or complete BBP training annually.
- Wear and utilize appropriate PPE.
- Plan and conduct all operations in accordance with work practice controls.
- Develop good personal hygiene habits.

## **B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES**

To help them with their efforts, the university's Exposure Control Plan is available to employees at any time. Employees are advised of this availability during their education sessions. Copies of the Exposure Control Plan are kept in the following locations:

- Title IX & Compliance
- SWOSU Website
- Center for Health & Well-being
- Human Resources

## **C. REVIEW AND UPDATE OF THE PLAN**

SWOSU recognizes it is important to keep this Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually, on or before August 1<sup>st</sup> of each year.
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of university employees.
- Whenever university employees' jobs are revised such that instances of occupational exposure may occur.
- Whenever SWOSU establishes new functional positions within the university that may involve exposure to BBP.

## **DETERMINATION OF EMPLOYEE EXPOSURE**

### **CATEGORY 1**

Involves tasks or procedures in which all or some employees have a reasonable likelihood of contact with blood or other potentially infectious materials. The use of job-appropriate personal protective equipment and other protective measures is required.

### **CATEGORY 2**

Tasks and work assignments involve no routine exposure to blood or other potentially infectious materials. Employee may be exposed due to any first aid rendered only as collateral duty responding solely to injuries. Appropriate personal protective devices are available, and these employees must be familiar with protective measures.

### **CATEGORY 3**

Tasks and work assignments involve no exposure to blood or other potentially infectious materials. No personal protective equipment is needed.

	<b>CATEGORY 1</b>	<b>CATEGORY 2</b>	<b>CATEGORY 3</b>
<b>Job Classification</b>	<b>Tasks involve exposure to blood and OPIM</b>	<b>Tasks involve no routine exposure to blood or OPIM, but may be exposed due to accidents or injuries</b>	<b>Tasks/assignments require NO exposure to blood and OPIM</b>
Administrative/Clerical			X
Athletic Trainers	X		
Camp Supervisors/Directors		X	
Coaches	X		
Custodial	X		
Center for Health & Well-being	X		
Facility Directors		X	
Faculty			X
Faculty (Lab Research Faculty, Pharmacy, Nursing and other Healthcare related fields offering hands-on medical instructions)	X		
Food Services	X		
Lab Instructors/Stockroom Coordinator		X	
Maintenance		X	
Campus Police Officers	X		
Residence Hall Coordinators		X	

## TASKS AND PROCEDURES WITH AN EXPOSED RISK

- Physical Examination/Treatments
  - Touching blood, body fluids, mucous membranes, or broken skin
  - Application and removal of dressing on wounds
  - Open wound care
  - Skin lesion care
  - Nasal and oral exams
- Laboratory Procedures
  - Phlebotomies
  - Finger sticks
  - Blood specimen handling
- Work Areas
  - Equipment and tools
  - Knives and kitchen sharps
  - Broken glass
- Waste Disposal
  - Regulated: sharps, needle and vacutainer handling, contaminated waste
  - Contaminated dressings/bandages
  - Contaminated receptacles
- Laundry
  - Contaminated linen and clothing
- Injuries and Accidents
  - Emergency response, assessment, and treatment of injuries
  - Fights with blood present
  - Cuts when handling tools and/or equipment in shop areas and kitchen
  - Accidental injuries (broken bones, scrapes, nosebleeds, or other incidents)
  - Car accidents where staff or student's blood or OPIM are present.
- Decontamination Procedures
  - Tools, equipment, and medical devices
  - Contaminated receptacles
  - Work areas
  - Blood spill sites

## **METHODS OF COMPLIANCE**

Unbroken skin forms an impervious barrier against BBP. However, infected blood can enter your system through open sores, cuts, abrasions, acne, and any sort of damaged or broken skin, such as sunburn or blisters. BBP may also be transmitted through the mucous membranes of the eyes, nose, and mouth.

### A. GENERAL

There are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to BBP in the University. The first five areas dealt with in the plan are:

- The use of universal precaution
- Establishing appropriate engineering controls
- Implementing appropriate work practice equipment
- Using necessary personal protective equipment
- Implementing appropriate housekeeping procedures

Each of these areas is reviewed with employees during the BBP related education. By rigorously following the requirements of OSHA's BBP standard in these five areas, the plan is to eliminate or minimize employees' occupational exposure to BBP as much as possible.

## UNIVERSAL PRECAUTION

Universal precautions are OSHA's required method of control to protect employees from exposure to all human blood and OPIM. It is a concept of bloodborne disease control which requires that all human blood and certain human body fluids be treated as if known to be infectious for HIV, HBV, HCV, or other BBP.

Universal precautions are guidelines to help prevent the spread of infection. Infectious diseases are caused by viruses, bacteria, parasites, and fungi. These organisms can be spread from person to person through blood and other body secretions, droplets breathed, sneezed, or coughed out from the nose or mouth, skin- to-skin contact, and sexual contact. Universal precautions should be followed when you are exposed to blood, semen, vaginal secretions, and certain other body fluids that would only be encountered in the hospital setting (synovial fluid, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid).

Universal precautions do not apply to nasal secretions, sputum, sweat, tears, urine, feces, vomit, or saliva unless there is visible blood present.

- Handwashing – wash your hands immediately before and after each contact with a child/youth. Wash your hands before and after using gloves.
- Gloves – use latex gloves any time contact with blood or other body fluids may occur. Change gloves if they are torn or punctured, and after contact with each person. Do not reuse disposable gloves.
- Abrasions – if you have cuts or sores on your hands, cover these with a bandage or similar protection as an additional precaution before donning gloves.
- Universal precautions – help prevent infection through the use of protective barriers (such as gloves, masks, gowns, and other coverings) and safe work practices (such as proper disposal of sharps and other contaminated items.)

The practices outlined in this document should be followed. Additionally, the University maintains a contract with a third party to remove biological waste for various departments on campus.

## **B. ENGINEERING CONTROLS AND WORK PRACTICE**

One of the key aspects to the SWOSU Exposure Control Plan is the use of engineering controls to eliminate or minimize employee exposure to BBP. As a result, employees will use cleaning, maintenance, and other equipment that is designed to prevent contact with blood or other potentially infectious materials.

Existing engineering control equipment is also reviewed for proper function and needed repair or replacement annually, in conjunction with the department supervisor where the equipment is located. Current engineering control equipment include:

- Biohazard spill kits are kept in each building with custodial equipment.
- Eye wash stations located in Center for Health & Well-being, and Chemistry Pharmacy Physics (CPP) building laboratories and in the print shop.
- Biohazard spill kits are also located in Campus Police cars.
- Sharps containers are located across campus in high traffic areas. Individual sharps containers can be placed if needed.

In addition to the engineering controls identified, SWOSU provides hand washing facilities which are readily accessible to all employees who have the potential for exposure. The University also maintains a contract with a third-party vendor to pick up biological waste material.

The University has adopted the following work practice controls as part of the BBP compliance program:

- Employees should wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees should wash their hands and any other exposed skin with soap and water as soon as possible. They should also flush exposed mucous membranes with water.
- Contaminated sharps must be placed in an appropriate container as soon as possible.
- Contaminated needles and other sharps are not to be removed from the container.
- Shearing or breaking of contaminated needles is prohibited.
- Contaminated needles and other sharps cannot be bent, recapped, or removed unless:
  - no alternative is feasible.
  - such action is required by a specific medical procedure.

\*\*If recapping or needle removal must be performed, it must be done using a mechanical device or one-handed technique.

When a new employee comes to the university or an employee changes jobs within the facility, the following process ensures that employees are trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures they will perform are checked against the job classifications and task list which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.
- If the employee is transferred from one job to another within the University, the job classifications and tasks/procedures pertaining to their previous positions are also checked against these lists.
- Based on this "cross-checking," the new job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified.

## CONTAMINATED LAUNDRY

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed with other non-contaminated clothing or PPE. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate PPE.

## C. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment is provided to University employees who are exposed to blood and OPIM during their regular job activities at no cost and includes:

- Gloves
- Eye protection
- Masks
- Gowns
- CPR masks

Employees who have medical problems that would interfere with their ability to use protective clothing and equipment must provide a written letter from their physician stating the reason. This letter is kept in the employee personnel file.

Hypoallergenic gloves, glove liners, and powderless gloves will be provided to employees who are allergic to the gloves the university normally uses.

SWOSU employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. If any employee takes a new position or new job functions are added to his or her current position, they are provided with appropriate education.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, SWOSU adheres to the following practices:

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed.
- Single-use personal protective equipment or equipment that cannot be decontaminated is disposed of in an appropriate manner.

To make sure that this equipment is used as effectively as possible, SWOSU employees adhere to the following practices when using their personal protective equipment:

- Garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- Potentially contaminated personal protective equipment is removed prior to leaving work area.

- Gloves are worn in the following circumstances:
  - Whenever employees anticipate hand contact with potentially infectious materials
  - When handling or touching contaminated items or surfaces
  - After contamination, disposable gloves are replaced as soon as practical or if they are torn, punctured, or otherwise lose their ability to function as an “exposure barrier.”
- Protective clothing (such as a coat) is worn whenever potential exposure to the body is anticipated.
- Disposable gloves cannot be washed or decontaminated for reuse.
- Utility gloves, such as those made of vinyl, leather, or other heavy materials, can be decontaminated for reuse if their integrity has not been compromised.

## D. GENERAL CLEANLINESS

Care is given in handling regulated waste (including used bandages and other potentially infectious materials). The following procedures are used when handling BBP and OPIM.

- Contaminated materials are discarded or “bagged” in containers that are:
  - closable,
  - puncture-resistant if the discarded materials have the potential to penetrate the container,
  - leak-proof if the potential for fluid spill or leakage exists, and/or
  - red in color or labeled with the appropriate biohazard warning label.
- Containers for regulated waste are placed in various locations across the university.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Whenever employees transfer containers of regulated waste, the containers are closed and, when deemed necessary, placed inside an appropriate secondary container.
- Sharps are disposed according to state regulations.

## **HEPATITIS B VACCINATIONS/POST- EXPOSURE PROTOCOLS**

### A. HEPATITIS B VACCINATION

To protect employees from the possibility of Hepatitis B Infection, SWOSU has implemented a vaccination program. This program is available, at no cost, to all employees who have been identified as having occupational exposure to BBP.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their BBP education, SWOSU employees receive information regarding Hepatitis vaccinations, including their safety and effectiveness. The Hepatitis B vaccination is offered at no cost to eligible employees. Employees who decline to take part in the program are required to sign the “HBV Vaccination Information Form.” The Exposure control and Education Coordinator will work with the Campus Nurse to ensure that employees are receiving immunizations in a timely manner.

Employees who initially decline the vaccination may choose to take the vaccinations at a later time.

## B. EXPOSURE PROTOCOLS

SWOSU employees are to perform job duties in a manner in which exposure to BBP is minimized. In the event of an exposure, the employee must:

- Implement control methods to prevent further exposure and ensure individuals receive medical consultation and treatment.
- Notify supervisor who will in turn notify the Exposure Control and Education Coordinator.
- Investigate the circumstances surrounding the exposure incident.
- The Exposure Control and Education Coordinator may assist the employee and supervisor in completing the proper incident report.
- The investigation is initiated in a timely manner after the incident occurs and involves gathering the following information:
  - Time and date the incident occurred
  - Location where the incident occurred
  - What type of potentially infectious materials were involved in the incident
  - Cause of incident
  - PPE used at the time of the incident
  - Actions taken

SWOSU recognizes that much of the information involved in this process must remain confidential to the extent possible, and steps are taken to protect the privacy of the people involved.

An exposed employee is provided with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred
- Identification of the source individual (unless not feasible or prohibited by law)

An exposed employee has the option to request SWOSU to collect and establish a baseline HBV, HCV, and HIV status. If previously declined, the employee will be offered, at no cost, the Hepatitis B vaccine, preferably within 24 hours and no later than seven days after exposure.

Next, if possible, the source individual's blood is tested to determine HBV, HCV, and HIV infectivity. If infectivity of the source individual's blood is determined or unknown, the exposed employee's blood will be re-collected 6 months from the exposure date to determine if infection occurred. This information will also be made available to the exposed employee. The employee will be made aware of applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

Once these procedures are completed, an appointment with a qualified healthcare professional is arranged for the exposed employee to discuss their medical status. This includes an evaluation of reported illnesses, as well as recommended treatment.

## **D. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL**

To assist the healthcare professional, a number of documents are provided, including the following:

- A copy of the BBP standard.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route of exposure and circumstances under which exposure occurred.
- The exposed employee's medical records relevant to treatment.
- Results of the source individual's blood testing, if available.
- Other pertinent information.

## **E. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

After the consultation, the healthcare professional provides the University with a written opinion of the exposed employee's situation within 15 days. A copy of this opinion is furnished to the exposed employee.

In keeping with the process emphasis on confidentiality, routinely, the written opinion shared with the exposed individual will contain the following information:

- Whether Hepatitis B vaccination is indicated for the employee
- Whether the employee has received the Hepatitis B vaccination
- Confirmation the employee was informed of the results of the evaluation
- Confirmation the employee was told about medical conditions resulting from the exposure incident which require further evaluation or treatment

Additional findings or diagnoses will typically remain confidential and are not included in the written report.

## **F. MEDICAL RECORD KEEPING**

To ensure appropriate medical information is available to the participating healthcare professional, SWOSU maintains comprehensive medical records on employee exposure incidents involving BBP. These records are maintained electronically with access given to the Assistant Director of Human Resources, the Exposure Control and Education Coordinator, and the Campus Nurse. The files will include the following information:

- Name of employee
- A copy of the employee's Hepatitis B Vaccination status:
  - Dates of any vaccinations
  - Medical records relative to the employee's ability to receive vaccination
  - Results of the examinations, medical testing, and follow-up procedures which took place as a result of an employee's exposure to BBP
- A copy of the information provided to the consulting healthcare professional.

Medical records are maintained for at least the duration of employment plus 30 years. The records are located electronically in the office of Human Resources. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Assistant Director of Human Resources.

## **LABELS AND SIGNS**

One of the most obvious warnings of possible exposure to BBP are biohazard labels. Because of this, a comprehensive biohazard warning-label program has been implemented using the following label (in fluorescent orange or orange-red).



When more appropriate, SWOSU uses red “color-coded” containers. The Exposure Control and Education Coordinator is responsible for setting up and maintaining this program.

## **EMPLOYEE EDUCATION**

SWOSU strives to provide a safe workplace, which includes ongoing educational offerings. These training efforts are established by the Exposure Control and Educational Coordinator but will include at a minimum offering annual training to employees. Additionally, new employees, as well as employees changing jobs or job functions, are given additional education, as needed. The Educational Coordinator is responsible for ensuring that employees who have potential exposure to BBP receive this education.

### **A. EDUCATION TOPICS**

The topics covered in the education program include, but are not limited to, the following:

- The BBP Standard i
- The epidemiology and symptoms of bloodborne diseases
- The modes of transmission of BBP
- The University’s Exposure Control Plan (and where employees can obtain a copy)

- Appropriate methods for recognizing task and other activities that may involve exposure to blood and other potentially infectious materials
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - Engineering controls
  - Work practice controls
  - Personal protective equipment
- Selection and use of personal protective equipment, including:
  - Types available
  - Proper use
  - Locations within the facility
  - Removal
  - Handling
  - Decontamination
  - Disposal
- Visual warnings of biohazards within the University including labels, signs, and color-coded containers
- Information on the Hepatitis B Vaccine, including its:
  - Efficacy (producing an intended effect)
  - Safety
  - Method of administration
  - Benefits of vaccination
- The University's free vaccination program
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- The procedures to follow if an exposure incident occurs, including incident reporting
- Information on the post-exposure evaluation and follow-up, including medical consultation, that the University will provide

## **B. EDUCATION METHODS**

The University's education presentation may make use of several techniques, including, but not limited to:

- Classroom type atmosphere with personal instruction
- Online programs
- Education manuals/employee handouts
- Employee review sessions

As employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities.

## **C. RECORD KEEPING**

To facilitate the education of employees, as well as to document the education process, records containing the following information are maintained:

- Dates of education sessions

- Contents/summary of education sessions
- Name and qualifications of the instructors
- Names and job titles of employees attending the education sessions

These records will be maintained for a period of at least three years. The records will be located in the Assistant Director of Human Resources office. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Assistant Director of Human Resources.

## D. SHARPS INJURY LOG

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

## HBV VACCINATION INFORMATION FORM

### SECTION 1: TO BE COMPLETED BY EMPLOYEE

Employee Name:	Employee ID:
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Employee Title:

Employee Department:

Within the scope of your responsibilities as an employee of Southwestern Oklahoma State University, you may be exposed to human body fluids or other potentially infectious materials, which could pose a risk of acquiring Hepatitis B Virus (HBV) infection.

The University will provide the opportunity to be vaccinated with Hepatitis B Virus vaccine at no charge. Please indicate below whether you wish to accept or decline the offer of the vaccine.

**No, I wish to decline the Hepatitis B Vaccination.**

\_\_\_\_\_ *(Please Initial)* 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.

**Yes, I wish to have the Hepatitis B Vaccine.**

\_\_\_\_\_ *(Please Initial)* I have had the opportunity to ask questions about hepatitis B and the hepatitis B vaccine. I have all the information I desire, and I understand the benefits and risks of hepatitis B vaccination. I understand that I must have three doses for the vaccine to be fully effective. I realize there is no guarantee that a person vaccinated will become immune, and I understand that adverse side effects may be experienced. I request that three doses of the vaccine be given to me.

Employee Signature:	Date:
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### SECTION 2: TO BE COMPLETED BY SWOSU CAMPUS NURSE

DATES VACCINATED	MFG. & LOT NO.	NURSE SIGNATURE
1.		
2.		
3.		

SOUTHWESTERN OKLAHOMA STATE UNIVERSITY  
**EXPOSURE INCIDENT EVALUATION FORM**

Employee Name: (Last, First Middle)	
Position:	Employee ID:
Occurrence Date:	Reported Date/Time:
Facility:	Location:
Employee's reported description to the exposure:	
In relation to this exposure, what engineering controls were in place at the time of the incident:	
In relation to this exposure, what work practice controls were in place at the time of the incident:	
In relation to this exposure, what personal protective equipment was in place at the time of the incident:	
<p>Evaluate cause of exposure:</p> <p><input type="checkbox"/> Lack of resource (policy, equipment, control)</p> <p><input type="checkbox"/> Lack of employee knowledge (procedures, policies)</p> <p><input type="checkbox"/> Failure to follow procedures or policies</p> <p><input type="checkbox"/> Cause beyond employer/employee control (example: combative child/youth)</p> <p><input type="checkbox"/> Other, please explain:</p>	
Recommendations to prevent future exposure:	
Signature of Subject:	Date:

CS-0369

## OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGEN FOLLOW-UP

<b>Employee Name:</b> (Last, First Middle)	<b>Employee ID #:</b>
<b>Position:</b>	<b>Date of Occurrence:</b>
<b>Facility:</b>	<b>Location:</b>

**Employee's reported description to the exposure:** (include circumstances and route of exposure)

**Contact Source Information:**

Contact source:  Known  Unknown

Contact source laboratory test results:  HBsAG  HIV  Other: \_\_\_\_\_

**Employee Information:**

I have not been vaccinated

I have been vaccinated

I have received the booster vaccination (Date received: \_\_\_\_\_)

Serum Anti-body Titer: Date \_\_\_\_\_

TB Screening: Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Other Employee Health Information:**

### CONSENT FOR HIV AND HBV TESTING

I, \_\_\_\_\_, consent to having a blood sample drawn for the purpose of testing for HBV and HIV, as a result of occupational exposure to bloodborne pathogens.

<b>Signature:</b>	<b>Date:</b>
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### TO BE COMPLETED BY PHYSICIAN

**Physician Statement:** (Please include recommendations regarding indications and receipt of Hepatitis B Vaccine, a statement that the employee has been informed of results evaluation, information regarding other medical conditions resulting from this incident.)

<b>Physician Signature:</b>	<b>Date:</b>
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