

BLOODBORNE PATHOGENS

SAFETY POLICY MANUAL - SECTION 1 - POLICY NO. SM 1.4



SAFETY DEPARTMENT | 6001 UNIVERSITY BOULEVARD MOON TOWNSHIP, PA 15108

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1. Purpose:

The purpose of this policy is to ensure adequate protection for University employees, faculty and staff against exposure to potentially infectious materials - blood-borne pathogens. The requirements of this plan are designed to meet the requirements defined in 29 CFR 1910.1030.

2. Scope & Applicability:

This plan applies to all activities that involve a potential exposure to blood or potentially infectious materials. Potentially infectious materials include all bodily fluids or non-intact tissue of the body. There are a number of departments / positions that are covered by this plan and may include:

- A. MyHealth RMU employees, including Physicians, Nurses, Nursing Assistants, and similar personnel.
- B. Police Officers in the RMU Police Department.
- C. Athletic Department Employees (athletic trainers).
- D. Maintenance and Environmental Services personnel who may be responsible for clean up of blood or other potentially infectious material.
- E. Laboratory personnel who work with blood or potentially infectious materials through their research.
- F. Nursing program personnel.
- G. Island Sports Center

3. Definitions:

- A. Bloodborne Pathogen: A bloodborne pathogen is a virus found in human blood which can be transmitted from person to person and causes diseases in humans.
- B. Potentially Infectious Materials: All bodily fluids and non-intact tissue of the body.
- C. Exposure Incident: A specific eye, nose, mucous membrane or open lesion contact with blood or other potentially infectious materials.
- D. Occupational Exposure: An exposure incident which occurs while the person is performing job tasks.
- E. Regulated Waste: Waste that contains blood, semen or vaginal secretions. These discarded materials shall be labeled as Biohazardous Waste and shall not be discarded into the regular trash. Biohazardous Waste shall also be double bagged.

4. Procedures:

Universal Precautions, as defined in Attachment A, shall be practiced to prevent contact with blood or other potentially infectious materials that may result in an occupational exposure. The following methods of prevention are consistent with the Universal Precautions and shall be followed when encountering such substances:

A. Engineering Controls - Engineering controls shall include, but are not limited to:

- 1. Devices or equipment for purposes of minimizing physical contact with blood or potentially infectious materials without putting the person at risk of exposure. Examples may include mops, tongs, tweezers, tools, etc.
- 2. Hand washing facilities or antiseptic hand cleanser or towelettes and cloth or paper towels.

3. Appropriate sharps containers and storage devices to minimize the risk of accidental cuts or punctures.
4. Appropriate pipetting devices which minimize potential exposure to the mouth and face and hands.
5. The use of designated blood clean-up kits.

B. Work Practices / Administrative Controls - Workplace practices should be conducive in minimizing unanticipated exposure to blood or other potentially infectious materials including:

1. Proper hand washing practices.
2. Proper identification and awareness of potentially infectious sources.
3. Proper laundering or disposal of contaminated clothing.
4. Treating every bodily fluid and every person as if they were potentially infectious.
5. Proper communications between people who will be handling potentially infectious sources (signs, labels, etc).

C. Personal Protective Equipment:

When engineering and work practice controls are not sufficient to insure there is no potential for an exposure incident, personal protective equipment (PPE) shall be used. Personal protective equipment will be provided to employees at no cost to the employees. PPE may include, but is not limited to: gloves, glasses/goggles, face shield, protective clothing/suits and CPR barrier devices.

D. Signs and Labels:

Signs and labels shall be used as a communications tool to alert people who may come into contact with potentially infectious materials. These signs and labels shall be used to identify containers or areas where potentially infectious materials are contained. A biohazard sign or universal red bags/containers may be used for:

1. Regulated waste containers.
2. Refrigerators or similar equipment used to store infectious / biohazardous materials.
3. Biohazard rooms or areas.

E. Vaccines:

1. Robert Morris University will make available the Hepatitis B Vaccination series for employees who are considered to be at risk for exposure to potentially infectious material. A designated department representative in coordination with RMU Safety Services, will identify all personnel who may be exposed to Bloodborne Pathogens. These persons should be identified on the attached Determination form. The vaccines and titer are given through Med Express at any of their locations. Safety Services will provide the Employee(s) and Authorization form which employees can take along with their Employee ID to any MedExpress to receive the Hep B Vaccine or titer. Vaccinations shall be provided as follows:
 - At not cost to the employee.
 - Within 10 days of initial job assignment.
 - Antibody testing when necessary to determine employee immunology.
2. If an employee elects not to receive the vaccination series, they shall complete the attached declination form (See Attachment B - Hepatitis B Vaccination Declination & Acceptance Form).

F. Occupational Exposure Procedures:

1. In the event that an employee experiences occupational exposure (an “Exposure Incident”) to a potentially infectious material, the following actions should be implemented:
 - a) Wash the site of exposure thoroughly with anti-microbial soap and water immediately following the exposure.
 - b) Notify your supervisor and explain what happened.
 - c) Seek medical attention and Post Exposure Evaluation & Follow-Up as required.
 - d) Complete the appropriate incident report.
2. Post Exposure Evaluation and Follow-Up shall be consistent with the following:
 - a) The manager/supervisor shall ensure that the appropriate Incident Report is completed and submitted to Human Resources.
 - b) The supervisor shall insure that he/she provides the identification of the source individual if possible.
 - c) It will be at the discretion of the medical professional as to the need for further evaluation, such as follow up testing of the employee’s blood and the need for counseling.

G. Infectious Material Clean-Up:

1. Only those University personnel who have who have been provided Bloodborne Pathogens Training and have completed the vaccination process are designated to clean up blood or potentially infectious material spills.
2. Only approved cleaning products may be used to clean up blood or potentially infectious materials. Specific products and instruction will be provided by the Facilities Management – Environmental Services Department.

5. Responsibilities:

A. Department Manager/Supervisor:

1. Ensure that all job classifications with potential exposure to infectious materials are evaluated for exposure/risk classification.
2. Ensure that all personnel with potential exposure are provided bloodborne pathogen education, are provided the opportunity for vaccination, and are provided training on spill response.
3. Maintain records of all training & education.
4. Provide appropriate PPE for potentially exposed personnel.

B. Department Employee:

1. Adhere to the procedures identified in this policy and presented in subsequent training & education.

6. Training and Education:

- A. As noted in 29 CFR 1910.1030(6) (2), all personnel covered by the scope of this policy will be provided bloodborne pathogen training & education. This training will include, but is not limited to:
1. An accessible copy of this policy shall be made available along with an explanation of its contents.
 2. An overview of the epidemiology and symptoms of bloodborne diseases.
 3. An explanation of the modes of transmission of bloodborne pathogens.
 4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 5. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, signs and labels and personal protective equipment.
 6. An explanation of the basis for the selection of personal protective equipment, including when it should be used, how to don, doff, adjust and wear it, it's limitations and the proper care, maintenance and disposal of it.
 7. Information on the hepatitis B vaccine, including information on it's efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge to them.
 8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 9. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 11. An explanation of the signs and labels and/or color coding required by paragraph (g) (1).
 12. An opportunity for interactive questions and answers with the person conducting the training session.

7. Record Keeping:

- A. The University will establish and maintain accurate records for each employee with occupational exposures as required in 29 CFR 1910.20(1) and for training as required in 29 CFR 1910.20(2).
- B. All vaccination and vaccination declination records will be maintained at the MyHealth RMU.

Implementation Date: April 27, 2009

Last Reviewed/Revised: July, 25 2024

Attachment A: Universal Precautions

Attachment B: Hepatitis B Vaccination Declination & Acceptance Form

Attachment C: Determination Form

ATTACHMENT A

UNIVERSAL PRECAUTIONS

According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV (Human Immunodeficiency Virus), HBV (Hepatitis B Virus) and other bloodborne pathogens. These body fluids include semen, vaginal secretions, cerebrospinal fluid (brain and spine), synovial fluid (joint), pleural fluid (lung), pericardial fluid (heart), peritoneal fluid (abdominal), amniotic fluid (pregnancy), saliva, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Even though other body substances are not known to transmit HIV, HBV or other bloodborne diseases, we shall always take the following precautions (an example of these substances may include urine, stool, respiratory secretions, vomit and wound drainage):

1. Blood and body fluid precautions must be used consistently for ALL patients and accident victims.
2. Appropriate barrier precautions must be used routinely to prevent skin and mucous membrane exposure when contact with blood or potentially infectious materials is anticipated.
 - A. Latex or Nitrile gloves must be worn when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious materials, mucous membranes and non-intact skin;
 - B. Single use latex or nitrile gloves must always be replaced as soon as practical when visibly contaminated, torn, or when their ability to function as a barrier is compromised. They must not be washed or decontaminated for re-use.
 - C. Masks and protective eyewear or face shields must be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.
 - D. Gowns must be worn during procedures that are likely to generate splashes of blood or other potentially infectious materials.
 - E. Mouthpieces, resuscitation bags and other respiratory equipment must be available so that mouth to mouth resuscitation can be avoided.
 - F. All contaminated items must be disposed of into designated infectious waste bags.
3. Hands and other skin surfaces must be washed immediately and thoroughly with soap and water or flush mucous membranes with water immediately or as soon as possible following contact with blood or other potentially infectious materials. Hands must also be washed following removal of gloves.
4. Safety precautions must be followed to prevent injuries caused by needles or other sharp instruments during procedures, when cleaning used instruments, during disposal of used needles and when handling sharp instruments after procedures.
5. Specimens of blood or other potentially infectious materials must be placed in a container that prevents leakage during collection, handling or transporting. Specimens are considered to be biohazard and the container must be labeled or color coded to identify it as a "Biohazard."

6. Contaminated laundry must be handled as little as possible.
 - A. All contaminated laundry must be placed and transported in bags or containers appropriately labeled or color coded.
 - B. All contaminated laundry must not be rinsed.
7. All equipment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.
8. Broken glassware that may be contaminated must not be picked up directly with the hands.

In Summary:

- Every person is a potential source of infection.
- Treat all body fluids as if infectious.
- Use precautions on everyone.
- Protect yourself through workplace practices and personal protective equipment.
- Protect others through the use of appropriate containers and signs and labels.
- Universal precautions must be observed to prevent contact with blood or other potentially infectious materials and are mandatory.



ATTACHMENT B

HEPATITIS B VACCINATION DECLINATION & ACCEPTANCE FORM

Employee must complete Section 1 Declination or Section 2 Acceptance as appropriate:

Section 1 - Employee Declination:

I understand that due to my potential 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 a hepatitis B vaccine, at no charge to myself. However, I **decline the hepatitis B vaccine at this time**. I understand that by declining this vaccine, I continue to be at a greater risk of contracting the HBV virus through my occupational exposure to blood or other potentially infectious materials and that this is a serious disease. If, in the future, I continue to have this potential exposure to blood or other potentially infectious materials and I want to be vaccinated with the HBV vaccine, I may receive the vaccination series at no charge to me.

- I am declining the Hepatitis B vaccination series and/or the Hepatitis B titer as offered by the University.
- I have previously received the Hepatitis B vaccination series.

Employee Signature

Date

Employee Printed Name

Section 2 - Employee Acceptance:

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection and as such elect the following (select one):

- I elect to receive the Hepatitis B vaccination as offered by the University.
- I elect to receive Hepatitis B Titer as offered by the University.

Employee Signature

Date

Employee Printed Name

Witness Signature



ATTACHMENT C

Robert Morris University Bloodborne Pathogen Exposure Determination Form		
Employee Name:	Job Title:	Department Name:

Exposure Assessment Completed by: _____

Date: _____