

ARKANSAS TECH UNIVERSITY HEALTH & SAFETY POLICY

DATE: March 9, 2022

SUBJECT: Blood Borne Pathogen

PURPOSE: The purpose of the Blood Borne Pathogens Policy is to provide written guidelines that, when followed, will help protect employees of Arkansas Tech University from contracting an infectious disease due to the handling of blood or other potentially infectious materials (OPIM) during the course of their employment.

SCOPE: This policy is for all employees of Arkansas Tech University and the Facilities Management department but, especially for the custodial and housing staff.

RESPONSIBILITY: It is the responsibility of all employees to be aware of, understand, and follow this procedure. In addition, it is the responsibility of the supervisors to ensure that the employees of their respective departments are aware of and follow the provisions of this policy. Also, It's the responsibility of the Occupational Safety Coordinator (OSC) to ensure that this policy is maintained and current with State and Federal guidelines, as well as, industry best practices.

NOTE: All human blood or other potentially infectious materials are to be handled as if they were known to be infectious for HIV, HBV, and/or other blood borne pathogens.

Methods of Compliance

Universal precautions **will be followed by all employees** of Arkansas Tech University in an effort to prevent contact with blood or other potentially infectious materials (OPIM).

Universal precautions will include, but not limited to, gloves designed for such purposes, such as trousers that cover the legs, shoes that cover the foot, safety glasses and masks, etc.

Work Practice Controls

1. Hand Washing – Hand washing facilities are readily accessible, in the restrooms of all buildings on campus, to employees who may incur exposure to blood or OPIM.
 - Employees are required to wash their hands with soap and water immediately after the removal of their gloves or other personal protective equipment (PPE) where blood or OPIM was present.

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- Employees are required to wash their hands and/or other skin, as well as, flush mucous membranes with water immediately, following any contact with blood or OPIM.
- 2. Showers – In the event of major contact with blood or OPIM showers are available for employees in the Facilities Management administration building, the Coliseum, several housing dorms, etc.
- 3. Needles and Other Sharps – It is not anticipated that employees will encounter needles, tweezers or other sharp instruments within the course of their normal duties. However, should they be encountered they shall not be bent, recapped, removed, sheared, purposely broken, or touched with the hands. They should be handled as carefully as possible, placed in a biohazard bag and taken to Health Services for disposal.
- 4. *Work Area Restrictions*
Employees are not allowed to eat, drink, apply cosmetics or lip balm, handle contact lens in areas that have the possibility of being contaminated. Food and beverages are not to be kept on shelves, cabinets, or on counter tops in these areas.
- 5. Contaminated Equipment
All equipment that has been or may have been contaminated with blood or OPIM will be examined prior to serving or re-locating. The equipment must be decontaminated if found to be contaminated. If decontamination is not feasible, a biohazard label must be attached to the equipment, which tells what parts of the equipment are or suspected to need decontamination.

Personal Protective Equipment (PPE)

PPE will be provided free of charge to employees who are or who may likely become exposed to blood or OPIM. The OSC will be responsible for maintaining an adequate inventory of such supplies. Supplies will be located in the health and safety equipment cabinet near the OSC office.

PPE will be selected based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of the time the PPE will be used.

If any PPE or other garments are penetrated by blood, they must be removed immediately or as soon as possible. All PPE must be removed prior to leaving the work area.

It is recommended that employees involved in this type of work, have a change of clothes in their vehicle. Should clothing become saturated with blood or OPIM,

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the employee should change before leaving the work area. The saturated clothing should be placed in an appropriate trash bag for transport.

1. **Gloves** – Appropriate gloves must be worn where it is reasonably anticipated that employees will come in contact with blood or OPIM, mucous membranes, and when handling or touching contaminated items or surfaces. Gloves must be replaced if torn, punctured, or when they can no longer provide the protection they were intended to provide.

Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives will be available to those employees who are allergic to the gloves normally provided. See your supervisor or the OSC for further instruction.

2. **Eye, Face, and Body Protection**

Masks, eye protection devices (goggles or glasses with solid side shields), or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can reasonably be anticipated.

3. **PPE Disposal**

At Arkansas Tech University all PPE will be disposed of by the employer at no cost to the employee. When PPE is removed it can be disposed of in the regular trash unless it is contaminated with blood or OPIM. If the PPE is contaminated it should be placed in a biohazard bag to be disposed of in an appropriate manner.

Housekeeping

At Arkansas Tech University all contaminated equipment and work surfaces will be decontaminated immediately after completion of first aid procedures or as soon as possible, after any spill of blood or OPIM.

A solution of 1:10 bleach and water, mixed fresh, will be used to clean and decontaminate surfaces and equipment

1. **Regulated Waste Disposal**

Contaminated sharps are not part of Facilities Management employee's duties.

2. **Other Regulated Waste**

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Other regulated waste (such as contaminated gauze, gloves, bandages, towels or rags, etc.) will be placed in closeable containers, constructed to contain all contents and to prevent leakage of fluids during storage or re-location. This container will then be placed in a biohazard bag for proper disposal.

3. Laundry

Laundry contaminated with blood or OPIM will be handled as little as possible. Employees will place contaminated laundry in bio-hazard bags and placed in a container near the laundry drop box.

Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

NOTE: It is the employee's responsibility to notify their supervisor or the OSC of being exposed or the possibility of an exposure as soon as possible.

- A. Hepatitis B vaccine and vaccination series are available to all employees who are routinely exposed to blood and OPIM. A post-exposure evaluation and follow-up is available to employees who have recently been exposed and will be:
1. Made available at no cost to the employee at a reasonable time and place.
 2. Performed by or under the supervision of a licensed physician or another licensed healthcare professional; and
 3. Provided in accordance with the recommendations of the U.S. Public Health Service.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

B. Hepatitis B Vaccination

Hepatitis B vaccination is available to employees after they have received training in occupational exposure and within 10 working days of initial assignment (unless the employee had previously received the complete Hepatitis B vaccination series or antibody testing has revealed the employee is immune or the vaccine is not recommended for medical reasons). If a routine booster of the Hepatitis B vaccine is recommended by U.S. Health Service guidelines at a future date, such booster doses will be made available.

Employees can decline the Hepatitis B vaccination. If an employee initially declines the vaccination but at a later date decided to accept the vaccination, the vaccination will be made available at that time.

All employees who decline the Hepatitis B vaccination must sign a required waiver indicating their refusal.

C. Post Exposure Evaluation and Follow-Up

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All exposure incidents must be investigated and documented. The investigation will be led by the OSC with assistance from the exposed employee's supervisor and the University Health Nurse if appropriate. Following a report of an exposure incident, the exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following:

1. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is not feasible (or prohibited by state or local law).
3. The source individual's blood will be tested, as soon as, it is feasible and after consent is obtained in order to determine HBV or HIV infection status.
4. If consent is not obtained, the OSC will document that legally required consent cannot be obtained.
5. When the source individual is already known to be infected with HBV or HIV, testing is not required.
6. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

D. Information Provided to the Healthcare Professional

The OSC will ensure that the healthcare provider responsible for the employee's post exposure evaluation is provided with the following:

1. A copy of the 29 CFR 1910, 1039 (the Blood Borne Pathogen Standard);
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which the exposure occurred;
4. Results of the source individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

E. Healthcare Professional's Written Opinion

The OSC will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for post exposure follow-up will be limited to the following information:

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1. Whether or not Hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination;
2. A statement that the employee has been informed of the results of the evaluation; and a statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

NOTE: All other findings and/or diagnosis are confidential and must not be included in the written report.

Communication of Hazards to Employees

A. Labels and Signs

Biohazard labels must be affixed to all SHARPS waste, and other containers used to store or transport items containing blood or OPIM.

The universal biohazard symbol must be used when labeling containers. The label must be orange or red-orange, with lettering or symbols in contrasting color. Red bags or containers may be substituted for labels.

B. Information and Training

All employees who have occupational exposure will be trained at the time of initial assignment to tasks where occupational exposure may occur and repeated at least annually. Training must be tailored to the education and language of the employee, and offered during normal work shift. The training will be interactive and cover the following information:

1. Access to a copy of the standard and an explanation of its contents;
2. A discussion of the causes and symptoms of blood borne diseases;
3. An explanation of the modes of transmission of blood borne pathogens;
4. An explanation of this Prevention Plan and the method of obtaining a copy of it;
5. An explanation of the methods of recognizing tasks that may involve exposure;
6. An explanation of the use and limitations of methods to reduce exposure (engineering controls, work practices, and PPE);
7. Information of the types, use, location, handling, decontamination and disposal of PPE;
8. An explanation of the basis for selection of PPE;
9. Information on the Hepatitis B vaccination, including effectiveness, safety, methods of administration, and benefits are offered free of charge to the employee;
10. Information on the appropriate actions to take and person(s) to contact in an emergency involving blood or OPIM;

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11. An explanation of the procedures to follow if an exposure or suspected exposure incident occurs, including the method of reporting and medical follow-up that will be made available;
12. Information on the evaluation and follow-up required after an employee exposure incident;
13. An explanation of the signs, labels and/or color-coding systems used;
14. An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training must be knowledgeable in the subject matter. The OSC will be responsible for assuring the training is given. Additional training may be required when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Recordkeeping

A. Medical Records

Medical records for each employee with occupational exposure will be kept in a locked file cabinet in the OSC's office.

The medical records will be kept confidential and must be maintained for at least the duration of employment plus 30 years. These records will include the following:

1. The name and social security number of the employee;
2. A copy of the employee's HBV vaccination status, including the dates of the vaccination;
3. A copy of all results of examinations, medical testing and follow-up procedures; and
4. A copy of the information provided to the healthcare professionals, including a description of the employee's duties as they relate to any
5. exposure incident and documentation of the routes of exposure and circumstances of the exposure.

B. Training Records

Training records for each employee with occupational exposure or possible exposure will be maintained by the OSC.

Training records must be maintained for three years from the date of the training. The following information will be documented:

1. The dates of the training;
2. An outline describing the material presented;
3. The name and qualifications of the person conducting the training; and
4. The names and job titles of all persons attending the training sessions.

C. Availability

All employee records will be made available to employees upon request. Upon hiring and annually thereafter, employees must be informed of their right of access to any medical and exposure records concerning them. All employees must be informed of the existence, location and availability of any such records.

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Evaluation and Review

This Blood Borne Pathogen Prevention Policy will be reviewed and updated at least annually to reflect new or modified task and procedures which affect occupational exposure, which also reflect new or revised employee positions with occupational exposure. The OSC is responsible for annually reviewing, updating and documenting the review of this policy.