



**Bloodborne Pathogens & Exposure  
Control Plan (BBP)**

**29 CFR 1910.1030**

# METHODIST UNIVERSITY

## Environmental Health and Safety Office

### Bloodborne Pathogen & Exposure Control Plan (BBP)

29 CFR 1910.1030 OSHA Bloodbone Pathogens

Revision 6  
May 2018

**Estimated time to review: 60 – 90 minutes**

**Review of this document needs to be completed prior to working with any infectious materials.**

## DOCUMENT REVIEW LOG

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## Table of Contents

## 1.0 General Information

This plan is in compliance with OSHA 29 CFR 1910 Subpart Z: Toxic and Hazardous Substances, 1910.1030 Bloodborne Pathogens.

## 2.0 Location and Description of the University

Methodist University  
5400 Ramsey Street  
Fayetteville, NC 28311

General information telephone number: 910-630-7000

The main campus of Methodist University (MU) is 617 acres. The university is bounded by the Cape Fear River on the east, and by US 401 (Ramsey Street) on the west. The university has two commercial properties, one on campus, The Methodist Development Corporation, which is currently leased to BB&T (Branch Banking and Trust) and King's Grant Golf Course located at 347 Shawcroft Road, Fayetteville, NC 28311.

## 3.0 Policy Statement

Methodist University's Blood borne Pathogen Plan is in compliance with 29 CFR 1910.1030, OSHA's "Bloodborne Pathogens and Needlestick Prevention" Regulations.

Workers in many different occupations are at risk of exposure to bloodborne pathogens, including, but not limited to, Hepatitis B, Hepatitis C, and HIV/AIDS. First aid team members, housekeeping personnel in some settings, nurses and other healthcare providers are be at risk of exposure. There is also a risk of exposure to non-workers. It is the policy of Methodist University to treat all body fluids and all materials containing body fluids as a potential contaminant and to use the safest means possible to handle and dispose of these contaminants. According to OSHA 29 CFR 1910.1030, "All Occupational Exposure to blood or other potentially Infectious Materials.

(OPIM) place workers at risk for infection with bloodborne pathogens. OSHA defines blood to mean human blood, human blood components, and products made from human blood. Other potentially infectious materials (OPIM) 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, 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, 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. The following references aid in recognizing workplace hazards associated with bloodborne pathogens”.

Methodist University’s Bloodborne Pathogens Plan includes the following:

- ALL BODY FLUIDS are to be treated as though contaminated with a pathogen.
- ALL MATERIALS containing body fluids are to be treated as though contaminated with a pathogen.
- Gloves will be used whenever handling body fluids or materials containing body fluids
- All employees handling body fluids will be properly trained.
- Any spill of a body fluid will be properly cleaned and the area decontaminated.
- All used sharps will be collected in a sharps container and the container will be sealed when approximately 75% full.
- All full sharps containers will be incinerated by a facility licensed to dispose of human pathogens.
- All materials containing body fluids, including gloves will be collected in a red Biohazard bag.
- When the Biohazard bag is approximately 50% full the bag will be sealed and incinerated by a facility licensed to dispose of human pathogens.

#### **4.0 Exposure Control Plan**

This plan is in compliance with 29 CFR 1910.1030(c)(i-vi).

All Methodist University personnel will stringently follow the work and exposure reduction practices laid out in the Methodist University Bloodborne Pathogen Plan. Potential exposure to bloodborne pathogens will be kept at a minimum.

#### **5.0 Exposure Determination**

This determination is in compliance with 29 CFR 1910.1030(c)(2)(i-ii).

The following job classifications/employees are determined to be of potential occupational exposure to bloodborne pathogens:

- Campus housekeeping services
- Campus maintenance employees
- Campus security employees
- Campus health services
- Biology and chemistry employees
- Athletic trainers

- Students in Selective Programs (covered under their programs compliance standards)

## 6.0 Engineering and Work Control Practices

This section is in compliance with 29 CFR 1910.1030(d-f)

As a general rule Universal Precautions will be observed to prevent contact with blood or other potentially infectious materials. Furthermore, ALL Methodist University employees who could potentially come in contact with any body fluid will stringently adhere to the following regulations.

### 6.1 Universal Precautions

This section is in compliance with CPL 02-02-069 - CPL 2-2.69 – “Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens” as mandated by the United States Department of Labor

All universal precautions to prevent contamination and spread of human pathogens via bodily fluids will be followed. These include, hand washing (6.1.1); needles and sharps (6.1.2); no eating, drinking, smoking and facial cosmetics (6.1.3); splashing (6.2); no mouth pipetting (6.3); specimens and containers (6.4); contaminated equipment (6.5); personal protective equipment (6.6-6.6.3); housekeeping (6.7); and laundry washing (6.8)

Furthermore, the center of Disease Control (CDC) has developed precautions to reduce the risk of spread of infectious diseases due to exposure to blood or bodily fluid. Students will be expected to follow these guidelines while on clinical rotations where applicable.

- Hand washing (or using an antiseptic hand rub)
  - After touching blood, body fluids, secretions, excretions and contaminated items
  - Immediately after removing gloves
  - Following and between patient contact
- Gloves
  - Use in cases of any anticipated contact with blood, body fluids, secretions and contaminated items
  - For contact with mucous membranes and non-intact skin
- Masks, goggles, face masks
  - Protect mucous membranes of eyes, nose and mouth when contact with blood and body fluids is likely
- Gowns

- Protect skin from blood or body fluid contact
- Prevent soiling of clothing during procedures that may involve contact with blood or body fluids
- Environmental cleaning
  - Routinely care, clean and disinfect equipment and furnishings in patient care areas
- Sharps
  - Avoid recapping used needles- use self- capping safety needles if available
  - Avoid removing used needles from disposable syringes
  - Avoid bending, breaking or manipulating used needles by hand
  - Place used sharps in puncture-resistant containers

### **Specific for School of Health Sciences**

- Patient resuscitation
  - Use mouthpieces, resuscitation bags or other ventilation devices to avoid mouth to mouth resuscitation and direct contact with blood/bodily fluid.
- Patient placement
  - Place patients who contaminate the environment or cannot maintain appropriate hygiene in private rooms
- Patient care Equipment
  - Handle soiled equipment in a manner to prevent contact with skin or mucous membranes and to prevent contamination of clothing or the environment
  - Clean reusable equipment prior to reuse
- Linen
  - Handle soiled linen such that it prevents touching skin or mucous membranes
  - Do not pre-rinse soiled linens in patient care areas

#### **6.1.1 Hand Washing in-depth**

Regular handwashing using warm water and soap will be employed.

When regular handwashing is not feasible antiseptic cleansers or towelettes may be temporarily used, however as soon as feasible regular handwashing will be carried out.

Whenever Personal Protective Equipment (PPE's) are used, employees will immediately wash their hands after removal of the PPE.

Employees will wash hands and any other skin with soap and water, or flush mucous

membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

### 6.1.2 Needles and Sharps in-depth

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminate needles is prohibited.
  - Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure
  - Recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
  - Puncture resistant;
  - Labeled or color-coded in accordance with this standard; and
  - Leakproof on the sides and bottom.
- Whenever possible, self-retracting needles and self-retracting lancettes will be used, in lieu of non-retracting lancets or needles.

### 6.1.3 Eating, Drinking, Smoking and Cosmetics

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials.

### 6.2 Splashing

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.

### 6.3 Mouth Pipetting

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

### 6.4 Specimens and Containers

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage,

transport, or shipping.

- The container for storage, transport, or shipping shall be labeled or color-coded according and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding is required when such specimens/containers leave the facility. All such specimens/containers will be labeled with the following label in fluorescent orange and black.



- If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded is required.
- If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

## 6.5 Contaminated Equipment

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, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible

- A readily observable label in accordance shall be attached to the equipment stating which portions remain contaminated.
- The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

## 6.6 Personal Protective Equipment (PPE)

The use of PPE's is mandated by OSHA to prevent occupational exposure to

pathogens. PPE's will be supplied to Methodist University employees to prevent occupational exposure to pathogens at no cost to the employee. According to OSHA, "When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used."(29 CFR 1910.1030(d)(3)(i))

Furthermore, Methodist University will mandate the use of PPE's to prevent occupational exposure to pathogens. There may be rare cases where the use of PPE's are not employed; these instances are exclusively limited to circumstances where the employee determined through professional judgment that it was necessary to immediately deliver health care. Even in these rare cases the non-use of the PPE was decided upon by the health care provider and not the institution. According to OSHA, "The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future." (CFR 1910.1030(d)(3)(iii))

The following regulations governing the usage of PPE's will be strictly adhered to by Methodist University employees and the university as an employer:

- The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- The employer shall clean, launder, and dispose of personal protective equipment at no cost to the employee.
- The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- 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.
- All personal protective equipment shall be removed prior to leaving the work area.

- When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

### 6.6.1 PPE Gloves

Use of Gloves Policy: Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Regulations for Glove Usage:

- 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, punctured, or when their ability to function as a barrier is compromised
- Disposable (single use) gloves shall not be washed or decontaminated for re-use.
  - •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, peelings, torn,
- punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised

### 6.6.2 PPE Masks, Eye Protection, & 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.

### 6.6.3 PPE 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.
- Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, gross anatomy examinations).

### 6.7 Housekeeping

All workspaces will be maintained in a clean and sanitary manner. Any and all contamination will be cleaned and sanitized as soon as practicable.

- All equipment and environmental and working surfaces shall be cleaned and

decontaminated after contact with blood or other potentially infectious materials.

- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
  - All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
  - Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
  - Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

## 7.0 Regulated Wastes

All regulated wastes will be handled according to the following regulations

### 7.1 Contaminated Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- Closable;
- Puncture resistant;
- Leakproof on sides and bottom; and
- Labeled or color-coded in accordance with the following label in fluorescent orange and black.



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 (e.g., laundries);
- Maintained upright throughout use; and
- Replaced routinely and not be allowed to overflow.

When moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or Placed in a secondary container if leakage is possible. The second container shall be:
- Closable;
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded with the following label in fluorescent orange and black.



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.

Taken to health services on campus in West Hall, for pick- up by Steri-cycle for incineration

## 7.2 Other Regulated Waste Containment

By definition a Regulated Waste means 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 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.

All regulated wastes will be handled according to the following regulations:

- Regulated waste shall be placed in containers which are:
  - Closable;
  - Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; Labeled or color-coded with the following in fluorescent orange and black



- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
  - Closable;
  - Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
  - Labeled or color-coded in accordance with the following in fluorescent orange and black.



- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

### 7.3 Contaminated Laundry

- Contaminated laundry shall be handled as little as possible with a minimum of agitation.
  - 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.
- Contaminated laundry shall be placed and transported in bags or containers labeled with the following in fluorescent orange and black.
- When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through 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 of fluids to the exterior.
- The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled with the following in fluorescent orange and black.

### 8.0 Vaccination Policies

Methodist University in compliance with OSHA regulations provides an Employee Vaccination Program. The University also understands the concern faced by students

in certain programs who come into contact with similar possible bloodborne pathogens. As such, the School of Health Science also provides their own requirements for vaccination. Both policies are listed in this document as part of a unified effort to centralize plans and policies.

## **8.1 Employee Vaccinations Policy**

This is in compliance with 29 CFR 1910.1030(f)

Methodist University offers Hepatitis B vaccinations to all employees with potential occupational exposure to bloodborne pathogens at no cost to the employee. Personnel are to contact the Sandy Combs of Health Services to set-up the appointments for the vaccinations.

Furthermore, Methodist University offers post exposure evaluations and follow-up to all employees who have had an exposure incident, at no cost to the employee.

All Methodist University employees who may become contaminated with blood or bodily fluids containing blood, either in the normal course of their duties as an employee or in foreseeable extraordinary circumstances as a course of their employment, will be offered the Hepatitis B vaccination within 10 days of their initial employment.

Methodist University will ensure that all medical procedures including the Hepatitis B vaccination and vaccination series and post-exposure evaluation, including prophylaxis are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
- The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

### **8.1.1 List of Affected Employee Roles**

A job analysis of employee positions has been done and the following employee positions have been determined to have potential exposure to Bloodborne pathogens:

- Health Services (all employees)
- School of Health Science Professors and Staff Members who work in clinical areas.
- Housekeeping Staff

- Maintenance Staff
- Police and Public Safety Staff
- Resident Hall Advisors and Student Services

### **8.1.2 Employee Vaccination Request / Refusal Form**

The employee vaccination Request / Refusal form is located in this document as *Appendix MU-A*.

## **8.2 School of Health Sciences Vaccinations Policy**

Prior to registration, students accepted into the various programs within the School of Health Sciences must provide proof of immunization (or documented contraindication) with Health Services at Methodist University. For specific information regarding immunizations required for each program, please see the program's Student Handbook or Manual.

## **9.0 Post Exposure Evaluation and Follow-up Policies**

This is in compliance with 29 CFR 1910.1030(f)

Methodist University offers Hepatitis B vaccinations to all employees with potential occupational exposure to bloodborne pathogens at no cost to the employee. Personnel are to contact the Sandy Combs of Health Services to set-up the appointments for the vaccinations.

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Methodist University will ensure that all medical procedures including the Hepatitis B vaccination and vaccination series and post-exposure evaluation, including prophylaxis are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- Provided according to recommendations of the U.S. Public Health

- Service current at the time these evaluations and procedures take place.
- The employer shall ensure that all laboratory tests are conducted by
- an accredited laboratory at no cost to the employee.

## 9.1 University Employee Post Exposure Evaluation and Follow-up

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

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
- 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 employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- 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.
- 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.
- 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.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
  - Counseling; and Evaluation of reported illnesses.

### 9.1.1 Information Provided to the Healthcare Professional

Methodist University, Inc. will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of

this regulation.

Furthermore, Methodist University, Inc. will ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of this regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

### **9.1.2 Healthcare Professional's Written Opinion**

Methodist University Inc. 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 Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

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

- That the employee has been informed of the results of the evaluation;
- 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.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

## **9.2 School of Health Science Post Exposure Evaluation and Follow-up Policies**

### **10.0 Communication of Hazards to Employees and Students**

It is the policy of Methodist University to inform our employees and affected students of potential biological and/or bloodborne hazards. In compliance with this policy the university makes every effort to assure that all biological hazards are correctly labeled and identified (in compliance with 29 CFR 1910.1030(g)(1)). Methods of communicating infectious hazards are listed below:

### **10.1 Labels and Signage**

Warning labels shall be affixed to containers of regulated waste, refrigerators and

freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials (except as provided in bullets 5, 6 and 7 below).

Labels required by this section shall include the following legend:



- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.
- Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which
  - portions of the equipment remain contaminated.

Exemptions from the above labeling requirements:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).
- 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.
- Regulated waste that has been decontaminated need not be labeled or color-coded.

## 11.0 Information and Training

All employees of the Methodist University will be thoroughly trained and informed of all potential occupational hazards. As part of the training, employees will be informed of methods and measures designed to minimize their potential exposure to a hazard. All training of Methodist University employees involving potential occupational hazards and protection methods are offered at no cost to the employee. All training of this type is conducted during normal work hours (in compliance with 29 CFR 1910.1030(g)(2)).

Training in Bloodborne Pathogens hazards and preventive measures is offered by Methodist University's Police and Public Safety.

Furthermore all training shall be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place;
- At least annually thereafter.
- Annual training for all employees shall be provided within one year of their previous training.
- Methodist University will provide additional training when changes
  - such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.
  - The additional training may be limited to addressing the new exposures created.
- Trainers at Methodist University will use material appropriate in content and vocabulary to educational level, literacy, and language
  - of employees.

## 11.1 General University Training Program

The Methodist University Bloodborne Pathogens training program contains the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents;
- A general explanation of the epidemiology and symptoms of
  - bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of

- charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- An explanation of the signs and labels and/or color coding required.
- An opportunity for interactive questions and answers with the person conducting the training session.
- The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

## 11.2 School of Health Sciences Training Program

Students within the School of Health Sciences shall have appropriate didactic and practical training in universal precautions in preparation for their clinical rotations. Each program shall determine the training necessary for students within that discipline.

Methodist University Environmental Health Services shall also have available training materials related to bloodborne pathogen exposure. (Bloodborne Pathogen and Exposure Plan)

Students will receive training for preventing the transmission of tuberculosis annually. All students who have the potential for exposure to TB may be Fit tested at the clinical sites (if necessary) for National Institute of Occupational Safety and Health (NIOSH) certified personal respirator protective devices.

These devices are considered personal protective equipment and must be purchased by the student if deemed a requirement.

## 12.0 Incident Reporting and Notification

Incidents involving needle sticks and exposure to body fluids or potential blood borne pathogens require immediate action to protect a student's health and safety. If a student sustains a needle stick or is exposed to infectious materials s/he should:

- Immediately wash exposure site thoroughly with soap and water (or water only for mucous membranes)
- Wash needle stick and cuts with soap and water
- Flush the nose, mouth or skin with water
- Irrigate eyes with clean water, saline or sterile irritants

## 12.1 Notification of Exposure

Notification of exposure should be made depending on the particular area that an individual is located within the university. The chart below show the party needing to be notified for different functional areas of the university.

<b>University Employees</b>		
<b>General Employees</b>	Police & Public Safety 910-630-7149 jbird@methodist.edu	24x7 Emergency Line: 910-630-7577
<b>Maintenance Staff</b>	Maria Moran 910-630-7199 mmoran@methodist.edu	24x7 Emergency Line: 910-630-7577
<b>Police &amp; Public Safety</b>	Contact Shift Supervisor	24x7 Emergency Line: 910-630-7577
<b>Students in the School of Health Sciences</b>		
<b>Physician Assistant Students*</b>	Lynn McCandless 910-630-7475 kmccandless@methodist.edu	Dr. Greer Fisher 910-630-742 sfisher@methodist.edu
<b>Athletic Training Students*</b>	Hugh Harling 910-630-7418 hharling@methodist.edu	Brandon Reynolds 910-630-7177 brandonr@methodist.edu
<b>Nursing Students*</b>	Jennifer Caviness 910-630-7578 jcaviness@methodist.edu	24x7 Emergency Line: 910-630-7577
<b>Physical Therapy Students*</b>	Penny Schulken 910-630-7213 pschulken@methodist.edu	Stacia Britton 910-630-7476 sbritton@methodist.edu

### **Additional Notification Requirements:**

#### **Students within the School of Health Sciences Only!**

- a. In the event that an exposure occurs during didactic course work students should notify the course coordinator and the course coordinator should direct the student to Student Health Services. In addition, the course coordinator is responsible for assisting in filling out all appropriate paperwork and reporting the incident to the program director.

- b. The student will also need an appointment with the Student Health Center at Methodist University for lab work and follow up. The student should contact Student Health at (910- 630-7164, or [scombs@methodist.edu](mailto:scombs@methodist.edu) ) to make an appointment.
- c. The student will also need to begin the process of completing an incident report. The clinical department with each program or the Student Health Center can assist with this process. The incident report can be downloaded and printed from the Student Health Center Website. It is included as an addendum here. [www.methodist.edu/student\\_development\\_services/student\\_health/Blood and Bodily fluid exposure policy](http://www.methodist.edu/student_development_services/student_health/Blood_and_Bodily_fluid_exposure_policy)

### **13.0 Medical Recordkeeping**

Methodist University will maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

Included in the record will be:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required;
- A copy of all results of examinations, medical testing, and follow-up;
- Methodist University's copy of the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional by Methodist University.

#### **13.1 Record Confidentiality**

It is the policy of Methodist University to ensure that employee medical records are kept confidential. Methodist University will not disclose or report the employees medical record, to any person inside or outside of the workplace, without written the employee's express written consent, except as required by law.

#### **13.2 Length of Record Maintenance**

Methodist University will maintain the employees medical records for at least the duration of employment plus 30 years (in accordance with 29 CFR 1910.1020).

### **13.3 Availability of Medical Records**

Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary.

### **13.4 Transfer of Medical Records**

If Methodist University, Inc. ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

### **14.0 Training Records**

Methodist University will maintain record of training. The records will include the following:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.
- Training records shall be maintained for 3 years from the date on which the training occurred.

### **14.1 Availability of Training Records**

Methodist University will ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

### **14.2 Transfer of Training Records**

If Methodist University, Inc. ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

## 15.0 Sharps Injury Log

Methodist University, Inc. maintains a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log is recorded and maintained in such manner as to protect the confidentiality of the injured employee, incident numbers rather than names are used (in compliance with 29 CFR 1910.1030(h)(5)(i)). The sharps injury log shall contain:

- The type and brand of device involved in the incident,
- The department or work area where the exposure incident occurred,
- An explanation of how the incident occurred.
- The sharps injury log shall be maintained for the period required.

### **Appendix A: Methodist University Employee Hep. B Vaccination / Declination Form**

This form will be provided to all employees and new employees at the time of their hiring process. This form must be filled out and retained in the employees by the Human Resources Department.

This form is available from the Human Resources department.

Methodist University will not publish this form to the public as this is an internal form that changes often and would not be able to stay updated within this plan.

### **Appendix B: Methodist University Incident Report Form**

The Methodist University Incident Report Form is now housed with Methodist University Police and Public Safety Office.

Upon report of any incident an officer will be available and on scene to complete the report.

Methodist University will not publish this form to the public as this is an internal form that changes often and would not be able to stay updated within this plan.

## Appendix C: SHS | Source Individual's Consent or Refusal Form

### Source Individual's Consent or Refusal Form For HIV, HBV, and HCV Infectivity Testing

Source Individual is the person whose blood or bodily fluids provided the source of exposure.

Note: Complete this form and submit to the health care professional and Methodist University Student health.

### Exposed Individual's Information

Name (Please Print): \_\_\_\_\_  
Methodist University Program: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Exposure Date: \_\_\_\_\_

### Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a Methodist University student intern or employee has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when HIV antibody is not present and that follow-up test may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit and only to others as required by law.

### Consent or Refusal & Signature

I hereby consent to:	I hereby <b>refuse</b> consent to:
HIV Testing	HIV Testing
HBC Testing	HBC Testing
HCV Testing	HCV Testing

### Source Individual Identification

Source individual's printed name: \_\_\_\_\_  
Source individual's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_  
Relationship (if signed by other than source individual): \_\_\_\_\_

## Appendix D: SHS | Refusal of Post-Exposure Medical Evaluation

### Refusal of Post-Exposure Medical Evaluation For Bloodborne Pathogen Exposure

Supervisor or Clinical Instructor: Print and complete this form only if the exposed individual refuses post-exposure medical evaluation by a health care professional. Send this completed form to Methodist University Student Health.

#### Exposed Individual Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Methodist University Department/Program: \_\_\_\_\_

Exposure Date: \_\_\_\_\_

#### Exposure Information

Facility and Department where the incident occurred: \_\_\_\_\_

Type of protection equipment used (gloves, mask, etc.): \_\_\_\_\_

Describe how you were exposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how to prevent this type of expose:

\_\_\_\_\_  
\_\_\_\_\_

I have been fully trained in Methodist University's Blood borne Pathogen Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV, or HBV. I also understand the implications of contracting these diseases.

I have been offered follow-up medical testing to determine whether or not I contracted an infectious disease such as HIV, HCV, or HBV. I also have been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all of the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_