



Gwynedd Mercy University

Bloodborne Pathogen Exposure Control Plan

OSHA 29 CFR 1910.1030

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GWYNEDD MERCY UNIVERSITY

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

1. PURPOSE/POLICY

Gwynedd Mercy University recognizes the importance of providing a safe working environment for all employees, which includes minimizing any potential exposure to health hazards.

The purpose of this Exposure Control Plan is to:

- 1) educate our employees on Bloodborne pathogens and their risk potential
- 2) to eliminate or minimize employee occupational exposure to *blood* or other infectious body fluids
- 3) to maintain continuous OSHA Bloodborne Pathogen (BBP) Standard 29 CFR 1910.1030 compliance.

A copy of the BBP standard summary is found at the end of this manual and can be accessed on the OSHA website [1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha-slc.gov/1910.1030-bloodborne-pathogens-occupational-safety-and-health-administration). The definitions of the various terms used in this Plan are contained in the Standard and can be found in Section 3 of this Plan.

The Bloodborne Pathogen Standard addresses safety and prevention of diseases caused by Bloodborne pathogens that can be present in the workplace. Two diseases specifically covered by the standard are Hepatitis B (HBV) and the Human Immunodeficiency virus (HIV). Both HBV and HIV are caused by viruses, which are present in blood, and other potentially infectious materials (OPIM). OPIM addressed by this plan includes the following:

- Semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- peritoneal fluid
- amniotic fluid
- saliva in dental procedures
- Urine (when contaminated with blood)

The Exposure Control Plan (ECP) is a key document to assist Gwynedd Mercy University in implementing and ensuring compliance with the standard, thereby protecting our employees. The ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping

- Hepatitis B vaccination
- Post-exposure evaluation and follow up
- Communication of hazards to employees and training
- Record keeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of the ECP.

2. SCOPE

All employees of Gwynedd Mercy University, including part-time and temporary employees, who have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP. This Plan will be reviewed annually by the Plant Services/ Environmental Health and Safety Department (EHSD) /Public Safety/Laboratory Management and as new/modified procedures and/or positions affect occupational exposure.

The Plan does not cover “Good Samaritan acts” performed by employees, such as voluntarily assisting a fellow employee or student who is injured. If an employee who is not covered by this Plan performs a Good Samaritan Act, the employee does so voluntarily.

3. DEFINITIONS

- Blood – means human blood, human blood components, and products made from human blood.
- Bloodborne Pathogen – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- Contaminated – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- Exposure Incident – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.
- Other Potentially Infectious Materials (OPIM) – means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, saliva in dental procedures, and 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.

- Personal Protective Equipment (PPE) – is specialized clothing or equipment worn by an employee for protection against a hazard. General street or work clothes (e.g., slacks, shorts, skirts, uniforms, pants, shirts, or blouses) are not intended to protect against a hazard or considered personal protective equipment.
- Universal Precautions – is an approach to infection control. Universal Precautions presumes that all human blood and certain human body fluids shall be treated as if they are infected by HIV, HBV, and other Bloodborne pathogens.
- Work Practice Controls- means controls that reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4. PROGRAM ADMINISTRATION RESPONSIBILITY

4.1 PUBLIC SAFETY

- Respond to all exposure incidents on campus, administer first aid, and file an Employee Injury Report
- Notify EHSD to complete Exposure Incident Report if possible
- Advise the employee that it is their responsibility to immediately contact their supervisor.

4.2 PLANT SERVICES/ENVIRONMENTAL SAFETY/LABORATORY MANAGEMENT

Joseph Long	Facilities Services	215-646-7300 x 21419
Riham Halvorsen	Laboratory Manager	215-646-7300 x 21489

- Ensure the procedures of this plan are followed.
- Maintain, review, and update the Exposure Control Plan (ECP) at least annually, and whenever necessary to include new or modified tasks and procedures.
- Review circumstances of all exposure incidents to determine if plan amendments are needed.
- Conduct a hazard assessment annually to ensure employees have appropriate working conditions, engineering controls, and personal protective equipment (PPE).
- Coordinate Hepatitis B Vaccination process.
- Perform follow-up on incident exposures for employees to determine post exposure course of action. (Complete form)
- Ensure the Hepatitis B vaccination is offered to all employees listed in the exposure determination section of this plan.
- Will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
- handles the disposal of biohazard waste contained in biohazard bags and sharps containers

4.3 HUMAN RESOURCES

Dianna Sofo

Connelly Faculty Center

215-646-7300 x21562

- Will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- Ensure the employee has access to the OSHA Bloodborne pathogen Standard and a copy of this plan.

4.4 SUPERVISORS

- Ensure the procedures of this plan are followed.
- Ensure a copy of the plan is available to faculty and staff
- Enforce compliance with this plan and confirm that all required employees are trained.
- Individual departments are responsible for providing and maintaining all necessary supplies to their personnel, with direction from the Environmental Safety Department, such as all personal protective equipment, engineering controls (e.g., sharps containers), labels, and red bags, soap, Lysol, bleach, hand washing and eyewash facilities.
- Ensure that adequate supplies of the aforementioned equipment are readily available in the appropriate sizes at any given time.
- Ensure a First Report of Injury (Appendix B) is completed by the employee and submitted to Human Resources within 48 hours of the exposure incident.

4.5 EMPLOYEES

Any employee who has occupational exposure to blood or other potentially infectious material (OPIM) must follow all procedures set forth in this plan.

5. EMPLOYEE EXPOSURE DETERMINATION

There are specific tasks that put an employee at risk for exposure to blood or OPIM. The following tasks are considered when making an exposure determination:

- Handling contaminated sharps, and other laboratory devices
- Procedures involving the containment and management of “regulated waste” disposal
- All procedures involving contact with mucous membranes, body fluids, and blood

GMercyU performs a hazard assessment annually to determine, amongst other safety aspects, which employees may potentially be exposed to blood or OPIM, as well as job duties that could cause this exposure. GMercyU performs this exposure determination without regard to use of PPE, as employees are considered to be exposed even if using PPE. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

The following is a list of all GMERCYU job classifications in which employees in the following departments may have high-risk occupational exposure to Bloodborne pathogens. Employees determined to have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this Bloodborne Pathogen Exposure Control Plan. All full-time, part-time, temporary, contract and per diem employees are covered by the standard.

Directors/Supervisors of each department that accommodates job classifications with potential infectious fluid exposure must have Bloodborne pathogen training in order to provide the proper means of hazard communication, department-specific training, and regulatory authority for each job classification.

Job Title	Dept/Location	Tasks/Procedures
Director/Supervisor	All Involved Depts.	Risk Management
Env. Safety Manager	Environmental Safety	Risk Management
Laboratory Manager	Natural Sciences	Handles biohazard waste
Campus Nurse	Health & Wellness Center	Handles biohazard waste/sharps
Laboratory Assistants	Natural Sciences	Handles biohazard waste
Custodian/Housekeeper	Facilities Services	Handles contaminated laundry/waste
Athletic Trainer	Athletics	Handles contaminated laundry/sharps
Security Officer	Public Safety	Potential first responder

5.1. The following is a list of all job classifications at Gwynedd Mercy University in which all employees have occupational exposure.

<u>Job Classification</u>	<u>Task/Procedure</u>
Athletic Trainers	Treatment of student athletes
Athletic Trainers	Handles contaminated laundry/waste/sharps
Campus Nurse	Handles biohazard waste/sharps
Plant/Environmental Safety Dept.	Risk management
Laboratory Manager	Handles biohazard waste
Laboratory Assistants	Handles biohazard waste
Public Safety	Potential first responder

5.2. In addition, the following is a list of job classifications in which some employees at Gwynedd Mercy University have occupational exposure.

<u>Job Classification</u>	<u>Task/Procedure</u>
Coaches, FT	First responder to athlete injuries
Plant Services Maintenance	Potential first responders
Housekeeping	Handles contaminated laundry/waste
Director Residence Life	Responds to crisis management situations in the residence halls and on campus
Assistant Directors of Resident Life	Responds to crisis management situations in the residence halls and on campus

Natural Science Lab Faculty &
Nursing Faculty

First responder to student injury during lab/
Handle sharps/ first responder to student injury needle sticks

6. METHODS OF IMPLEMENTATION AND CONTROL

There are different methods to ensure the potential of exposure is greatly decreased. Universal Precautions, engineering controls, work practice controls, and PPE will assist employees who may come in contact with blood or OPIM; and the Hepatitis B vaccination is offered to all individuals who fall under this plan. Understanding the way hazards are communicated and receiving training in all areas of this plan will also assist employees in minimizing potential exposure.

Based on the above Employee Exposure Determination lists, we have developed specific precautions, controls, and work practices to ensure that every employee covered by the Bloodborne Pathogen Standard has a specific understanding of how to control exposure.

6.1. Universal Precautions

Universal Precautions shall be observed at Gwynedd Mercy University to prevent contact with blood or other potentially infectious materials. According to the concept of Universal Precautions all human blood or certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens.

Universal precautions DO NOT apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine, and vomitus, UNLESS they contain visible blood.

6.2. Exposure Control Plan

- Employees covered by the Bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting their supervisor/Plant Services/Environmental Safety Department or by accessing the document on the training site.

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Facilities Services

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- If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.
- The Facilities Services/Environmental Safety Department/Laboratory Management/Public Safety is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

6.3. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to Bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

6.3.1 Engineering Controls

- Additional guidance on engineering controls is provided within each department where exposure risk is present.
- Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- We evaluate new procedures and new products regularly.
- Both front-line workers and management officials are involved in this process.
- Department Supervisors are responsible for ensuring that these recommendations are implemented after review.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Sheering or breaking contaminated needles is prohibited.
- Immediately after use, all disposable contaminated sharps (needles, surgical instruments, syringe with attached sharp, etc.) and any specimens of blood or OPIM will be placed in leak proof on the sides and bottom, puncture resistant disposable sharps containers labeled with a biohazard symbol.
 - These containers must be inspected regularly and replaced as needed by the respective department (Wellness Center, Adult Health Center, Biology, Nursing, Athletics) when 2/3 full.
- Non-sharp, contaminated materials must be placed in red bags and taken to the Natural Sciences Department to be disposed of properly by the contracted biohazardous waste company.
- Employees who encounter improperly disposed needles must notify EHSD of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified. These needles must not be moved or recapped by any employee. If sharps containers are not available at that location, EHSD will pick up and dispose of the needles in an appropriate labeled sharps container and/or provide sharps containers for additional needs.
- Mouth pipetting is prohibited. Mechanical pipetting devices must be used.

6.3.2 Work Practice Controls

- Handwashing
 - The most effective form of protection against exposure to Bloodborne pathogens is washing with soap and water.
 - Skin must be washed immediately with liquid dispensed soap and water after handling or contact with blood or OPIM, whenever gloves or other PPE are removed, and before leaving a contaminated area.

- Handwashing facilities are available throughout campus, including public restrooms and custodial/janitorial closets, the laboratories, and Wellness Center, where elevated risk is associated.
- When handwashing facilities are NOT available, Gwynedd Mercy University shall provide either an appropriate antiseptic hand cleaner in conjunction with clean paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- Employees shall familiarize themselves with the nearest hand washing facilities, eyewash stations, and emergency showers for the buildings in which they work.
 - Eye wash stations are provided throughout the laboratories and specific facilities areas. Flushing and visual inspections are conducted weekly.
- All procedures involving blood or OPIM will be performed to minimize splashing, spraying, splattering and generation of droplets.
- Mouth pipetting or suctioning of blood or OPIM is prohibited.
- Eating, drinking, smoking, applying cosmetics, or other hand-to-mouth activities, and handling contact lenses are prohibited in areas where blood or OPIM are present.
- Food and/or drink storage is prohibited in areas such as refrigerators, freezers, shelves, cabinets, countertops, or bench tops, where blood or OPIM are present.
- All refrigerators, freezers, and other equipment that stores biological material must be labeled with a biohazard symbol.
- Secondary containers must be used for handling or transporting primary containers that could leak or spill or if the specimen could puncture the primary container.
- Equipment which may become contaminated with blood or OPIM must be decontaminated prior to work on the equipment being conducted.
- Gwynedd Mercy University ensures that the hazard information is conveyed to any servicing representative prior to handling, servicing, or shipping so that appropriate precautions can be taken.
- Commercially prepared samples and controls, tested negative for all viral markers currently being tested, will be used in course labs and research labs whenever possible.

6.4. Personal Protective Equipment (PPE)

6.4.1. Hazard assessments are conducted annually by EHSD to determine necessary PPE based on the anticipated potential employee's exposure to blood or OPIM.

6.4.2. General requirements for wearing and obtaining PPE

- PPE must be worn by all employees participating in laboratory, clinical, or first aid exercises involving exposure to blood or OPIM. Closed-toe shoes and pants that cover the entire leg and ankle are mandatory in all science laboratories.
- PPE must be readily accessible and provided at no cost to the employee. Hypoallergenic PPE will be provided to those employees who are allergic to the PPE normally provided.
- PPE is in each department and may be obtained through the manager of the department.
- Employees should contact their supervisor for replacement PPE if worn or damaged.

- Training on proper use of PPE is provided by the Plant Services/Environmental Safety Department, Laboratory Manager, or department head or designee.

6.4.3. All employees using PPE must observe the following precautions:

- Utilize protective equipment in occupational exposure situations.
- Wash hands immediately or as soon as feasible after removing gloves or another PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Replace all garments that are torn, punctured, or that lose their ability to function as a barrier to Bloodborne pathogens.
- Place all garments in the appropriate designated area or container for storage, decontamination, and/or disposal.

6.4.4. The types of PPE available to employees are as follows:

Gloves:

- Wear appropriate gloves when it is anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Gloves shall be removed immediately following any penetration by blood or OPIM.
- Gloves shall be removed and disposed of in the general waste stream before leaving the laboratory. Gloves visibly contaminated with blood or OPIM must be disposed of in red biohazard bags.
- Disposable gloves should never be washed or decontaminated for reuse.
- Gloves shall be replaced as soon as possible if they are torn, penetrated, or the barrier is compromised in any way.
- Employees must wash their hands prior to leaving the laboratory, clinical setting, or after performing first aid.
- Procedure for proper glove removal:
 - With the dominant hand, make a cuff by hooking gloved fingers into the area below the outside edge of the other glove. Pull the glove inside out as you remove it and hold the glove in your gloved hand.
 - Tuck your ungloved fingers under the inside edge of the remaining glove. Pull that glove down over the gloved hand so that the first glove is encased in the second glove, as the latter is turned inside out. Discard both gloves.
 - Wash your hands immediately.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

Eye and Face Protection

- Safety goggles and splash shields will be used in any situation when splashing, spraying, and splattering or generation of droplets of blood or OPIM pose a hazard to the eye, nose, or mouth is anticipated.
- Protective eyewear does not include corrective lenses.

- Eye and face protection must be removed prior to leaving the work area.

Laboratory Coats

- Laboratory coats must be worn and buttoned or snapped closed while working with blood or OPIM.
 - When a protective garment is penetrated by blood or OPIM and the substance has reached the employee's street clothes, the clothing must be removed immediately, or as soon as possible, prior to the employee leaving the work area.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM to avoid contact with the outer surface.

6.5. Housekeeping

6.5.1. Procedures for handling regulated waste

- Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.
- Gwynedd Mercy University has scheduled pickups with a contracted waste vendor for biohazard waste.
- Tubes, vials, or other biological specimen containers cannot be placed in the trash.
 - These materials must be placed into red biohazard bags for disposal.
 - Media tubes are placed in an upright position making sure the caps are tight and placed in autoclave bags before being placed in the red bag lined shipping boxes to prevent leaking.
- Bins and Pails are cleaned and decontaminated as soon as feasible after visible contamination.

6.5.2. Decontamination Procedure for Bodily fluid spills and grossly contaminated surfaces

- All steps should be completed as soon as possible.
- Notify individuals in the immediate work area prior to beginning the decontamination procedure. If an individual is injured, call Public Safety.
- Check the area for BBP spill kit first. If present, use materials inside to clean up spill.
- Put on gloves and any other necessary PPE.
- The following solutions can be used as decontamination agents for spill cleanup:
 - 25% Lysol solution
 - 10% bleach solution, made fresh 1:10
 - 70 % alcohol solution
 - Other EPA (Environmental Protection Agency) approved agents
- Contain the spill by covering it with paper towels or other absorbent material.
- Saturate the contaminated area with an appropriate decontamination agent or EPA registered disinfectant and immediately wipe the area to remove the blood or OPIM.

- Reapply the decontamination agent or the EPA registered disinfectant to the area and allow it to penetrate for at least 10 minutes, making sure it is well marked.
- If broken glass or other sharp materials are present, do not pick this up by hand. Use tongs or other devices to pick up sharp objects and place them into a red sharps container.
- Discard the contaminated materials in a red biohazard bag and contact the Plant Services/Environmental Safety Department for disposal or bring the contaminated materials to the Central Storage Area (CSA) located in Maguire Hall 216.
- Remove gloves and other PPE and wash your hands.

6.5.3. Sharps Procedures

- Broken glassware, which may be contaminated, must never be picked up by hand. Use a dustpan, tongs, or other tools to safely pick up contaminated sharp objects. Gloves should be worn while cleaning up broken glassware. Contaminated glassware should be disposed of in a red sharps container.
- Contaminated sharps must be disposed of immediately following use in a red sharps container.
- When biohazard sharps containers are 2/3 full, they should be closed and either
 - Stored in a designated, marked Biohazard Waste Satellite Accumulation Area
 - OR
 - Brought to the CSA in Maguire 216 to be packaged for pick up.
- Sharps disposal containers are available at a storage location in each department and are purchased by each department.
- Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps containers are not pre-labeled, biohazard labels are available through EHSD.
- When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Sharps containers must not be opened, emptied, cleaned manually, or manipulated in any other manner that would expose employees to potential injury Bloodborne pathogens.

6.5.4. Equipment Procedures

- Equipment will be decontaminated when employees have completed use of the equipment, if work is done on the piece of equipment, or at the end of the school year.
- Equipment contaminated with blood or OPIM should be decontaminated using a fresh 1:10 dilution of household bleach (10% bleach solution) or following manufacturer's recommendations.

- A 10% bleach solution may be corrosive to some parts.
- All working surfaces should be disinfected after contact with blood or OPIM. The working surfaces should be disinfected using an appropriate decontamination agent or an EPA registered disinfectant immediately after a spill and at the end of any laboratory session.
- Reusable containers (test tube racks, heat blocks, etc.) shall be inspected and decontaminated using an appropriate decontamination agent or an EPA registered disinfectant immediately after a spill of blood or OPIM, and at the end of the semester.

6.6. Laundry

6.6.1. The following contaminated articles will be laundered by University Equipment:

- Lab Coats
- Public Uniforms

6.6.2. The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Such laundry will not be sorted or rinsed in the area of use.
- Place wet contaminated laundry in red leak-proof, labeled bags before transport. Spill containers can be used as secondary containment during transport.
- Wear the following PPE when handling and/or sorting contaminated laundry: gloves, gown, eye protection, closed toe shoes and booties.
- Contaminated laundry must be reported to the EHSD, and the coordination of its disposal will be arranged with as little employee exposure as possible.

6.7. BIOHAZARD WASTE

- All biohazard waste shall be placed in containers that are closable, constructed to contain all contents, and prevent leakage of fluids during handling, storage, transportation, or shipping.
- The waste must be labeled and bagged in red biohazard marked bags which will then be transferred to a large biohazard box in FMH 216.
- Biohazard bags, boxes, and labels are purchased by each department.
- Disposal of biohazard waste is conducted by a contracted vendor with a monthly disposal schedule.

6.8. Communication of Hazards – Labels and Symbols

6.8.1. The following labeling methods are used in this facility:

- Warning labels are affixed to containers of biohazardous waste, refrigerators or freezers containing blood, blood products or OPIM, other containers used to store, transport, or ship blood or OPIM, and contaminated equipment.
- Red or orange biohazard warning labels are also posted outside of rooms where biohazardous waste is generated.
- Red bags may be substituted for labels.

- Labels are red or orange in color and have the word “Biohazard” and the biohazard symbol in contrasting color.

6.8.2. Employees are to notify their supervisor or the Plant Services/Environmental Safety Department if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

7. HEPATITIS B VACCINATION

- The Hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.
- The vaccination will be administered by:
Patient First 713 Bethlehem Pike, Montgomeryville, PA 18936. Phone #267-695-3944
- Employees identified as needing the Hepatitis B vaccine will be provided training on the vaccine including safety, benefits, efficacy, methods of administration, and availability.
- Employees will be required to sign a “Hepatitis B Vaccination Agreement/Refusal Form” form found in Appendix C.
 - This form documents that the employee understands the information presented on the Hepatitis B vaccination and that they give consent to receive the series of vaccinations or decline to receive the vaccination.
 - This form will be held on file and treated as a part of the employee medical record.
- Vaccination is encouraged unless:
 - Documentation exists that the employee has previously received the series
 - Antibody testing reveals that the employee is immune
 - Medical evaluation shows that vaccination is contraindicated
- Employees that initially decline the vaccine may request and obtain the vaccination at a later date at no cost to the employee.
- The full Hepatitis B vaccination series will be made available to all unvaccinated first aid providers who assisted in an incident involving the presence of blood or OPIM no later than 24 hours after the incident, regardless of whether exposure has occurred.
- The Human Resource Department is responsible for ensuring that the vaccine is offered and if necessary, the declination forms are signed and completed.

8. POST-EXPOSURE EVALUATION AND FOLLOW-UP of Exposed Employee

When a Gwynedd Mercy University employee incurs an exposure incident, it is required that the incident be documented, and post-exposure follow-up be conducted as follows:

- As soon after exposure as possible, perform first aid on the exposure site (i.e., wash the area with germicidal soap, flush the eyes or mucous membranes with water for a minimum of fifteen minutes).
- Contact Public Safety at 215-641-5522 for first aid assistance.
- The exposure must be reported to the immediate supervisor and Gwynedd Mercy University Human Resources Department.

- An injury report must be completed by the exposed individual and returned to Gwynedd Mercy University Human Resources within 48 hours of the exposure incident.
- All employees who incur an exposure incident will be directed to Patient First for post-exposure evaluation and follow-up, in accordance with the OSHA standard.
 - Post-exposure treatment should be initiated in the optimal 0–2-hour window time.
- If exposure occurs after the Patient First business hours, the employee should seek post-exposure treatment at the nearest emergency room.
- Gwynedd Mercy University will incur the cost for post-exposure evaluation and follow-up for all employees.
- Gwynedd Mercy University Human Resources will follow up with employees following completion of post-exposure evaluation and treatment.
 - Any exposed employee refusing post-exposure medical evaluation by a health care professional must complete the “Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure Form” found in Appendix B.
- The **exposed individual** will be given the following documents:
 - A copy of the Gwynedd Mercy University Bloodborne Pathogens Exposure Control Plan
 - A copy of the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030)
 - A copy of the incident report forms which provides a description of the employee’s job duties as they relate to the exposure incident and documentation of the route of exposure and the circumstances under which exposure occurred
 - If available, results of source individual’s blood testing.
 - If available, vaccination records on file for the exposed individual.

8. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Director of Human Resources will ensure that the plan outlined here is effectively carried out for all employees and will maintain records related to this plan.

Procedures to be performed by Gwynedd Mercy University Human Resources following an employee exposure incident:

- Provide the **exposed individual** with
 - a copy of the Gwynedd Mercy University Bloodborne Pathogens Exposure Control Plan
 - a copy of the OSHA Bloodborne Pathogens Standard.
 - source individual’s test results
 - Information about applicable laws and regulations concerning disclosure of identity and infectivity of the source individual (e.g., laws protecting confidentiality).
 - A copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation.
- Provide the **licensed health care professional** with a copy of our Exposure Incident Report Form which contains the following information.
 - a description of the employee’s job duties relevant to the exposure incident
 - route(s) of exposure
 - circumstances of exposure

- if possible, results of the source individual's blood test
 - any relevant employee medical records, including vaccination status.
- If possible, identify and document the **source individual**, unless it can be established that the identification is infeasible or there is more than one source individual.
 - Obtain consent and make arrangements with Patient First or the hospital to have the source individual tested as soon as possible to determine HIV/HBV/HCV infectivity.
 - If the source individual is already known to be HIV, HCV (hepatitis C virus), and/or HBV positive, testing for the source individual's known HIV, HCV, and/or HBV status need not be repeated.
 - Ensure that a licensed healthcare professional at Patient First will do the following for the **exposed individual**.
 - Perform the appropriate counseling concerning precautions to take during the period after the exposure incident.
 - Give the employee information on what potential illnesses to be watchful of and to report any related experiences to appropriate personnel.
 - Blood will be collected for HIV, HBV, and HCV testing.
 - Ensure a written opinion is provided by the healthcare physician overseeing the exposed employee care.
 - The physician's opinion will only cover whether or not the Hepatitis B vaccination is indicated that the exposed employee has been informed about the results of the evaluations, and the exposed employee has been informed about medical conditions that may arise due to exposure to blood or OPIM.
 - The physician's written opinion will not reference any personal medical information.
9. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT
- Plant Services/Environmental Safety Department/Public Safety/Laboratory Management will review the circumstances of all exposure incidents to determine:
- Location of the incident
 - Procedure being performed when the incident occurred
 - A description of the device used (including type and brand)
 - Engineering controls in use at the time
 - Work practices followed
 - PPE used at the time of the exposure incident
 - Employee training

The Plant Services/Environmental Safety Department/Public Safety/Laboratory Management will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

The log will consist of the individual's name who was injured, date/time of report, date/time of incident, reporting person and location.

If revisions are needed, the Plant Services/Environmental Safety Department/Public Safety/Laboratory Management will ensure appropriate changes are made to this plan within 6 months of the incident.

10. EMPLOYEE TRAINING

All employees with occupational exposure to Bloodborne pathogens must complete training at the start of employment and annually after.

Safety training will include an explanation of the following:

- A copy of the standard and an explanation of the text
- An explanation of the Gwynedd Mercy University Exposure Control Plan and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- Epidemiology and symptoms of Bloodborne diseases
- Modes of transmission of Bloodborne pathogens
- Control methods to be used at the university to control exposure to blood or OPIM (engineering controls, safe work practices, and PPE) to include the uses and limitations, location, removal, decontamination, and disposal of PPE
- An explanation of the basis of PPE selection
- What to do if exposure occurs and exposure follow-up procedures
- An explanation of the signs and labels and/or color-coding required by the standard and used at the University.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered free of charge.

11. RECORDKEEPING

11.1. Training Records

- Training records are kept for each employee upon completion of the Gwynedd Mercy University Bloodborne Pathogens Training and are maintained in Safe Colleges Database
- The training record includes:
 - Dates of the training sessions.
 - Contents or a summary of the training sessions
 - Names and qualifications of people conducting the training
 - Names and job titles of all people attending the training sessions.
- Training records are provided upon request in writing to the Plant Services/Environmental Safety Department or Gwynedd Mercy University Human Resources by the employee or employee's authorized representative within 15 working days.

11.2. Medical Records

- All medical records and exposure related information will be kept confidential and in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

- Medical records will include the individual’s social security number, HBV status, dates of vaccination or declination form, and any other relevant records.
- Gwynedd Mercy University Human Resources maintains the required medical records for employment plus 30 years.
- Employee medical records are provided upon request to the Director of Human Resources by the employee or to anyone having the written consent of the employee within 15 working days.

11.3. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are completed by Gwynedd Mercy University Human Resources.

11.4. Sharps Injury Log

In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log.

All incidents must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle, etc.)
- 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.

References

- 29 CFR 1910.1030 – Occupational Exposure to Bloodborne Pathogens [1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha-slc.gov/1910.1030-Bloodborne-pathogens)
- 29 CFR 1904 – OSHA’s Recordkeeping Requirements
- McDaniel College’s Bloodborne Pathogens Exposure Control Plan

Appendix C

**GWYNEDD MERCY UNIVERSITY
HEPATITIS B VACCINATION AGREEMENT/REFUSAL FORM**

The hepatitis B vaccine is provided free of charge to Gwynedd Mercy University employees who are exposed to human material including blood, blood products, body fluids, tissues, cell lines, or other potentially infectious material (OPIM) while conducting their job responsibilities. Federal regulations require that employers notify employees who are “at risk” that they have the right to be vaccinated. Although vaccination is optional, employers are required to confirm that their employees have been notified of this right.

The vaccination series is available through the healthcare provider Concentra. If enough employees accept this vaccine, it will be administered on campus at a designated location, date, and time. You must be present at this time to receive services. Should you not be available or able to receive the vaccination at this time, you may go to one of the Concentra locations listed below, by appointment, to obtain the missed inoculation. Travel to and from these medical centers will not be provided by Gwynedd Mercy University.

<i>Hours:</i> 8:00 am – 8:00 pm, Mon-Sun	<i>Patient First</i> 713 Bethlehem Pike Montgomeryville, PA 18936	(267) 695-3944
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PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:

_____ I **accept** the offer of the hepatitis B vaccination. I understand that it will be provided at no charge to me and that it is comprised of a series of three inoculations. If I do not complete the series, Gwynedd Mercy University reserves the right to request reimbursement for costs pertaining to missed inoculations if these inoculations have been prepaid by the University.

_____ I have **previously completed** a hepatitis B vaccination series and have laboratory confirmation of immunity.

_____ I have **previously completed** a hepatitis B vaccination series through the University or other locations.

_____ I understand that Gwynedd Mercy University does provide hepatitis B antibody titer **follow-up evaluation** after completion of the vaccine series. I am interested in a voucher for this test.

_____ I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge. However, I **decline** the hepatitis B vaccination currently. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If I continue to have occupational exposure to blood or OPIM and wish to be vaccinated with hepatitis B vaccine in the future, I can receive the vaccination at no charge at one of the above Concentra locations.

ADDITIONAL ATTESTATIONS

I understand that my acceptance or refusal to be vaccinated does not affect my health benefits or employment status. I recognize that I will be required to follow established safety procedures regardless of my vaccination status. I understand that Gwynedd Mercy University is not liable for pre-existing infections that any employee has at the time of his or her employment with the University. I understand that I also have the right to be tested for HIV if I am exposed to blood or bodily fluids. However, the HIV test will be conducted separately only upon my request, and not as part of the hepatitis B screening process.

Employee Name:	Job Title:
Employee Signature:	Date:

Appendix B

First Report of Injury EXPOSURE INCIDENT REPORT

This form must be filled out after any employee exposure incident. This form is to remain confidential and placed in employees' medical records for the remainder of employment plus 30 years.

EXPOSED EMPLOYEE

Name Employee Number (if applicable)

Date of Incident Type of Incident

Employees' Duties as they relate to the incident:

Description of exposure routes and circumstances under which the incident occurred:

Check appropriate responses below:

Yes, No Exposed employee has been counseled as to applicable laws and regulations concerning disclosure of the identity and infectious status of the source patient.

Yes No Exposed employee has legally consented to blood testing.

Yes No Exposed employee has agreed to have baseline blood collection, but does not give consent at this time for HIV serologic testing and understands that the sample shall be preserved for 90 days in case an employee decides to complete testing.

MEDICAL ATTENTION

The exposed employee was referred to the following doctor for medical evaluation, counseling, and follow-up:

Name

Address/Phone

Date of Exam

Date of Follow-up

Exposed employee's Vaccination records were made available to the attending doctor on:

A copy of the doctor's written opinion was delivered to the employee on:

SOURCE PATIENT

Name

Phone

Address

City

State

Zip Code

Check appropriate responses below:

Yes No Source Patient has legally consented to have his/her blood tested for HIV and HBV infectivity.

Yes No Legally required consent cannot be obtained.
Reason: _____

Yes No Source Patient is known to be infected with HBV.

Yes No Source Patient is known to be infected with HIV.

Yes No Results of source patient's tests have been made to the exposed employee.

RECORD KEEPING

The following items will be maintained IN STRICT CONFIDENTIALITY and not disclosed without the employee's expressed written consent to anyone within or outside the workplace.

Records must be kept for duration of employment plus 30 (thirty) years.

1. The employee Exposure Incident Report.
2. A record of the employee's hepatitis B vaccination status including the dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures
4. The employer's copy of all results of the Healthcare professional's written opinion.
5. Identity of source patient and source patient's blood test results.

Form Completed by:

Name

Title

Exposed Employee Signature

Date

Employer Signature

Date

**Gwynedd Mercy University
Bloodborne Pathogen Safety and Awareness Plan
Department-Specific Training**

_____ **Bloodborne Pathogens**

N/A - Bloodborne Pathogens Refresher Training

_____ has completed the following training as required by the
(Print Employee's Name Here)

Bloodborne Pathogen Standard (29 CFR 1910.1030) on _____:
(Date of Training)

Supervisors:

In order to complete the training requirements of the Bloodborne Pathogens Standard (29 CFR 1910.1030), please review the department specific training items listed below with the employee. Please check each item as it is reviewed or write N/A if it is not applicable to your work area. Once completed, please sign and date the bottom of the checklist. Keep a copy of the completed form for your files. Return the original to: Plant Services/Environmental Safety Department. Once the form is received, the employee's training will be documented, and a training certificate will be printable upon the completion of the program. Thank you for your cooperation and assistance.

Specific Work Practices

Please discuss with your employee the specific tasks that may involve the potential for exposure to Bloodborne pathogens using the categories below. Be sure to provide your employees with the proper PPE and knowledge of the operations for engineering controls in their department or work area.

Personal Protective Equipment (PPE)

- _____ Explanation of what kinds of PPE are required for specific tasks
- _____ How to use the PPE
- _____ Location and Availability of PPE
- _____ Maintenance and reusable PPE (cleaning, storage, and inspection)

Engineering Controls

- _____ Location and operation of eyewash facilities
- _____ Explanation of engineering controls that are specific to the work environment (e.g., sharps containers, biological safety cabinets, mechanical pipettes, safer sharps devices, etc.)

Biohazard Waste Handling

- _____ Discussion and clarification of which wastes generated in the work area are biohazard and how those items are to be segregated, stored, transported, treated, and disposed of.
- _____ Review of procedures for on-site treatment methods (e.g., proper use of autoclave for waste decontamination purposes)
- _____ Review of hazardous waste labeling and Pick-up procedures as they apply to the work area.

Spill Response/Exposure Incident Response/Exposure Control Plan

- _____ Review of work area's procedure for handling spills of potentially infectious materials (including the location and availability of biohazard spill kits)
- _____ Review of exposure incident response procedure
- _____ Location of the Gwynedd Mercy University BBP Safety and Awareness Plan

Verification of Training

I certify that the employee above has received BBP Department-Specific Training as required by 29 CFR 1910.1030 and the Gwynedd Mercy University Bloodborne Pathogen Safety and Awareness Plan.

Department Name: _____

Employee Name (printed)

Employee Signature/Date

Supervisor Name (printed)

Supervisor Signature/Date

The “Hepatitis B Fact Sheet” and the “Hepatitis B Vaccine – What You Need to Know” documents are contained in the Safe Colleges training and supplied by the World Health Organization and the U.S. Department of Health and Human Services as public access for information and training purposes on HBV and the HBV vaccine.

