

## **Section 1- Policy Definitions**

### **Purpose:**

To establish safe operating procedures that eliminate or control employee exposure to human body fluids that may be contaminated with bloodborne pathogens. This policy has been created to ensure the University at Albany, SUNY, is in compliance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030, which is enforced in public sector workplaces by the New York State Public Employee Safety and Health Bureau.

### **Scope:**

This policy will apply to all employees with reasonably anticipated occupational exposure to human blood or **Other Potentially Infectious Materials (OPIM)**. (Refer to Job Exposure Categories for a list of job classifications with potential exposure). The Office of Environmental Health & Safety is responsible for oversight and administration of this program. The EH&S program administrator is Michelle McConville (442-3495). The EH&S program administrator will periodically review this written program and seek input from representatives of departments that include employees with job tasks that meet the eligibility criteria to update the program and training requirements as needed.

### **Responsibilities:**

**A.** All personnel must be responsible for their own and the safety of employees working with around them. To assist in defining this safety responsibility, each employee working in a category 1 or 2 job class will be provided access to this written Exposure Control Plan, initial and periodic refresher training and the necessary personal protective equipment.

**B.** It is the responsibility of the University at Albany to provide an exposure control plan for bloodborne pathogens, training, post exposure follow up, as required by the standard, Hepatitis B vaccinations, personal protective equipment necessary to avoid exposure, and a copy of the standard to affected employees. This shall be done in accordance with OSHA's Bloodborne Pathogen Standard.

### **Job Exposure Categories:**

All jobs at this institution have been assessed as to the occupational exposure to human blood, tissue and body fluids. The possibility and probability determines the exposure category listed below. A list of jobs, identified as having actual or probable exposures, is included with this policy. This list will be reviewed on a regular basis and is subject to change as job demands change.

It is the responsibility of all individuals and their immediate supervisors to identify any changes in job function that would alter the exposure category of a job to a Category 1 or 2. Should this occur, the Environmental Health and Safety Office should be notified as soon as possible.

### **Category 1**

#### **Tasks that involve exposure to the blood, body fluids, or tissues.**

Procedures and job related tasks that involve an inherent potential for mucous membrane or skin contact with blood, bloody fluids or tissues, or potential for spills or splashes.

### **Category 2**

#### **Tasks that involve NO Exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category 1 tasks.**

The normal work routine involves no exposure to blood, body fluids or tissues, but exposure, (or potential exposure) may be required as a condition of employment.

### **Category 3**

#### **Tasks that involve NO Exposure to blood, body fluids or tissues and Category 1 tasks are not a condition of employment.**

The normal work routine involves no exposure to blood, body fluids or tissues. Jobs in this category will not be called on to perform or assist in an emergency medical care, as a condition of employment, or be potentially exposed in some other way.

### **University at Albany Category 1 and 2 Job Titles**

**Nurse:** Category - 1 : Exposure- Patient care, Phlebotomy, First aid, assisting with medical procedure

**Doctor:** Category - 1 : Exposure- Patient care, Surgical procedures and Emergency care

**Athletic Coaches, Lifeguards and Trainers:** Category -2 : Exposure- Provide first aid

**University Police Officers:** Category – 2 : Exposure- First response

**Graduate Clinical Psychology Students:** Category - 2 : Exposure- Client contact during human sexuality research

**Biological Research:** Category- 2 : Exposure- Processing human/primate specimens blood or body tissue

**Custodial Services:** Category - 2 : Exposure- cleanup of human body fluids

**The remainder of University job titles:** Category – 3 : Exposure- None expected on the job.

## **Section 2 - Methods of Control**

**A. Engineering Controls-** Where feasible, engineering controls will be implemented in the work place to isolate, control or eliminate all bloodborne pathogen exposures that could result in employee illness. The controls include, but are not limited to:

1. Puncture resistant disposable containers for used sharps, syringes, and needles.
2. All syringes uses at the University Health Center should be of the self-capping variety, or require no capping after use. When this is not feasible, then one handed capping method shall be used.
3. Resuscitation bags or masks shall be used when administering CPR.
4. Disinfectant to clean work surfaces or contaminated equipment.
5. Hand wash stations, complete with antibacterial soap and single use towels, where feasible. Single use, moist towelettes will be provided where hand wash stations are not feasible.
6. Leak proof bags and containers will be provided for laundry and personal clothes soaked with blood (body fluids). These bags will be sealed and marked with the Biohazard symbol. Correct disposal of the bags is the responsibility of the University.
7. All bandage, gauze and disposable dressings will be placed into a plastic Biohazard bag. (Refer to Table 2/ Section 2)
8. Mechanical means will be used to pick up contaminated broken glassware, such as tongs, dust pan, broom, forceps, or tweezers.
9. Equipment which has become contaminated with blood or other potentially infectious materials shall be decontaminated as soon as possible. Contaminated equipment that cannot be cleaned immediately shall be isolated by enclosing the equipment in a leak proof bag, and labeled with a Warning /Bio-Hazard Contamination label. Any equipment removed from its use area will also have a label denoting the type and specific site of contamination. All contaminated equipment shall be cleaned with a disinfectant.

**B. Personal Protective Equipment -** will be provided to all eligible employees. This equipment shall include, but is not limited to:

1. One time use, disposable gloves. The location of the gloves will be made known to each employee, as it pertains to their job. The gloves shall be used whenever the first aid or patient care is given, or when the human/ primate blood/body fluids/tissue are being handled in the lab.

2. Eye protection shall be worn by all health care and first responders when dealing with human body fluids that could potentially spurt or splash in the eyes.

3. Protective outerwear such as a lab coat shall be worn by all health care personnel when they are in contact with patients or lab samples and the possibility of contact with contaminated fluids exist. In the event the outerwear becomes contaminated, the employee shall remove that article of clothing and place it in a red bag, marked Bio-Hazard. A decision will be made, by the supervisor, as to whether the contaminated article should be discarded, washed commercially or in-house. Any article washed in-house will be done so as to avoid further employee exposure and with a disinfectant\*.

\* (Refer to **In-House Laundering Procedures**, contained within this policy).

4. All lab personnel are to wash their hands before leaving the lab area.

**C. Preventing Needle Sticks & Punctures from Sharps** - Take care to prevent injuries when using needles, scalpels and other sharp instruments or devices, such as after a procedure, when cleaning instruments or disposing of needles.

1. Do **NOT** bend, recap, shear or break contaminated needles or other sharps.

2. Recap or remove contaminated needles from disposable syringes **only** when medically necessary. To recap needles, use a mechanical device or a one handed technique.

3. Place contaminated sharps in an appropriate container, (one that is leak-proof, puncture resistant, red in color, and marked Bio-Hazard) immediately after use.

4. Do not overfill sharps containers.

**D. Training Requirements** - All employees that may be exposed to human blood, tissue or body fluid during their normal course of employment shall receive training on the hazards of Bloodborne Pathogens. The training shall be tailored to the specific category of exposure, and offered during the normal work shift. The training will be interactive and cover the following:

1. A summary of the requirements of the Bloodborne Pathogens Standard 29 CFR 1910.1030

2. A discussion of the epidemiology and symptoms of bloodborne diseases.

3. An explanation of the modes of transmission of bloodborne pathogens.

4. An explanation of the University's at Albany's Bloodborne Pathogen Exposure Control Plan.
5. The recognition of tasks that may involve exposure.
6. An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices and personal protective equipment.
7. Information on the Hepatitis B Vaccination, including the efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
8. Information on the appropriate actions to take, and persons to contact, in an emergency involving blood, tissue, or body fluids.
9. An explanation of procedures to follow if an exposure incident occurs, including method of medical follow-up and reporting. Information on the post-exposure follow-up procedures required after a verifiable occupational exposure incident.
10. An explanation of signs, labels, and color coding systems.

### **Section 3 – Clean-up of Blood and OPIMs**

#### **Standard Protocols for the Clean-Up of Blood and OPIM Body Fluids**

1. Wear disposable gloves when the area to be cleaned is obviously or possibly contaminated with blood or body fluid. Gloves are to be worn during the entire cleaning. Should gloves become ripped or punctured, then remove, wash hands and replace with a new pair, before continuing the cleaning process.
2. Safety glasses, goggles, or a face mask should be worn prior to any situation where splashes of blood/ body fluids may occur. An example would be a puddle or pool of blood.
3. Clean and disinfect all soiled, washable surfaces (i.e., tables, chairs, floors) immediately, removing soil before applying a disinfectant:
  - a. Use paper towels or tissues to wipe up small soiled areas. After the spill is removed, use clean paper towels, soap and water to clean the area.
  - b. Apply a sanitary absorbent agent for larger soiled areas. After the spill is absorbed, discard material in a sealable plastic bag.
  - c. Disinfect the area with an approved disinfectant such as Blue Skies II.
4. Clean and disinfect all soiled rugs, carpets, and upholstered furniture, immediately:
  - a. Apply a sanitary absorbent agent, let dry, and vacuum.

b. Apply a sanitary shampoo with a brush or an extractor, then re-vacuum. Discard material in a sealable plastic bag.

c. Spray with an approved disinfectant, according to the manufacturer's instructions

5. Clean and dispose of all disposable materials:

a. Soiled tissue and flushable waste can be flushed in the toilet. Discard paper towels and vacuum bag or sweep into a plastic bag, seal and dispose of according to procedure.

b. Rinse broom and dustpan in disinfectant solution after removing debris.

c. Soak mop in disinfectant solution for a minimum of 20 minutes and rinse thoroughly.

d. Used disinfectant solution should be poured down the drain.

6. Remove disposable gloves and dispose. Avoid touching the gloves to exposed skin.

7. Wash hands thoroughly with soap and water, using hand washing procedures.

8. Dispose of blood-soaked debris and any disposable protective equipment, such as gloves, in Red Biohazard bags. Any items, such as contaminated mop heads, that cannot be disinfected should be discarded as biohazard waste. Any contaminated sharps and blood-soaked broken glass that will not fit into a sharps container must be overwrapped, placed in an oversize box or broken glass container and marked as Biohazard Waste.

9. The University Health Center at Patroon Creek Blvd. does not accept biohazard waste material other than that generated as part of their procedures. Additional Biohazard Waste collection points exist at the Life Sciences Research Building, the Biology Building and the Athletics Department, however any campus-generated biohazardous waste from other than those areas **may** be refused by those departments.

***Note: If unsure of how to dispose of red bag waste or other debris generated as a result of a blood-spill clean-up, please contact Michelle McConville at the Office of EH&S in Chemistry B73 at 442-3495.***

## **LABELING**

Labeling of all containers used for the transport of blood, body fluids, or tissues shall conform to the requirements of the standard. Containers for waste shall also adhere to these requirements.

**TABLE 1-- LABELING REQUIREMENTS**

<b>Item</b>	<b>Bio Hazard Label</b>	<b>Red Container</b>
1.) Regulated waste container (e.g. used sharps containers).	YES	YES
2.) Reusable, contaminated sharps or instruments. (e.g., scalpels, scissors)	YES	YES
3.) Refrigerator/freezer used to store blood or other potentially infectious material.	YES	NO
4.) Containers used for the transport or shipping of blood.	YES	YES
5.) Blood or blood products for clinical use.	No Labels Required	NO
6.) Individual specimen containers of blood or other potentially infectious materials.	YES	YES
7.) Contaminated equipment needing service.	YES( plus a label specifying where the contamination exists)	NO
8.) Specimens & regulated waste shipped from the primary facility to another for disposal or service.	YES	YES
9.) Contaminated Laundry.	YES	YES

### **University Health Clinic Protocol for the Disposal of Regulated Medical Waste**

The Public Health Law and the Environmental Conservation Law, effective 1988, created requirements for the storage, treatment and disposal of infectious waste. In addition to sharp objects, the requirements include: laboratory waste which has come in contact with possible pathogens and contaminated material resulting from the treatment of patients (e.g., dressings, swabs, sponges, and gloves) must be disposed of in a prescribed manner. Therefore, the following procedures are instituted:

1). All possibly contaminated waste generated from laboratory testing procedures will be discarded in covered step-cans, lined with red bags. These step cans shall be wiped down with a disinfectant each time they are emptied.

- 2). All gloves, dressings, and related materials are to be discarded in covered step-cans, with red bags.
- 3). Any other potentially infectious waste is to be discarded in these receptacles. (It is not necessary to dispose of paper towels, table paper, dressing wrappers, under the new procedures unless these items are contaminated with human secretions.)
- 4). The red bagged waste will be stored in a secure area by the health care personnel, until it is properly transported and disposed of in accordance with the regulations.

#### **\*In-House Laundering of Contaminated Clothing**

1. Personnel responsible for the laundering of articles clothing contaminated with blood or human body fluid, are to use universal precautions and engineering controls to negate or limit their exposure. These methods will include: wearing PPE (lab coat, gloves and eye protection (if necessary)), good hand washing technique and a disinfectant in the wash load.
2. Washing machines shall be emptied of any other material before laundering begins.
3. Each load shall be dedicated to contaminated items only.
4. Do not over load the washer.
5. Detergent and chlorine bleach shall be used, along with a hot water setting.
6. The washed items should be placed in the dryer and cycled on HOT, until dry.
7. If the article is not clean, then discard or repeat the above steps.

#### **Additional References:**

1. Key Infection Control Practices in Inpatient and Outpatient Medical care Settings  
[http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/key\\_infection\\_control\\_practices.htm](http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/key_infection_control_practices.htm)
2. Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care  
<http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html>

#### **Section 4 - Post Exposure Evaluation & Follow-Up**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to their immediate supervisor. An accident report shall be completed and distributed immediately. The EH&S Office, upon receipt of an accident involving a potential exposure to bloodborne pathogens, will contact the exposed employee to discuss the incident. The EH&S Office will then seek



the assistance from the occupational health and safety healthcare providers of Access Health at 776 Watervliet-Shaker Road, Latham, New York to determine, if the incident constitutes an “occupational exposure” as defined under the BBP standard.

**IF** the incident is deemed a valid “exposure incident” the following actions will take place:

1. History and Physical Examination: A physical exam will be performed at the time of exposure or as soon as soon as reasonably possible to determine if post-exposure follow-up is necessary. This will be at no charge to the employee.
2. Counseling: Professional counseling shall be given to the employee regarding the risk of infection, testing, possible treatment and the U.S. Public Health Service recommendations.
3. Serum Collection: The exposed individual’s blood shall be collected as soon as feasible, and tested after consent is obtained. If the exposed individual allows for the baseline collection of the blood sample, but does not wish HIV serologic testing to be conducted at that time, the sample shall be preserved for at least 90 days. If, during that 90 day period, the exposed employee elects to have the baseline sample tested, it shall be done as soon as feasible.
4. Documentation: The healthcare professional responsible for the medical evaluation of the exposed employee will receive a copy of 29 CFR 1910.1030, a written description of the accident (detailing the route of exposure), results of the source individual’s blood testing (if available), and all medical records relevant to the treatment of the exposed employee (including vaccination status). In addition, the healthcare professional will be provided with a copy of the exposed employee's job description.
5. Employment Information: The employee shall be provided with a copy of the evaluating healthcare professional's written opinion after completion of the evaluation, and within 15 days of the exam. The employee must be told about any medical conditions resulting from the exposure, which may require further evaluation or treatment.

**THE EMPLOYEE SHALL BE GUARANTEED CONFIDENTIALITY THROUGHOUT THE POST EXPOSURE PROCESS, AS IT AFFECTS THEIR HIV STATUS, AND IN ACCORDANCE WITH NYS LAW.**

## **Guidelines for Controlling Your Exposure to Bloodborne Pathogens**

1. Treat all human blood, body fluids and tissue as if it is infected with a bloodborne pathogen.
2. Refrain from physically contacting another person's blood, fluid or injured tissue if you have cuts or lesions on your hands. Use gloves!
3. When the potential exists for blood or body fluid to splash into eyes or onto face, don safety glasses and mask.
4. Do not eat, drink, smoke, apply makeup or handle contact lenses in areas where infectious material may be present.
5. Do not store food where infectious materials are stored, such as a refrigerator.
6. If you spill or splatter blood or other potentially infectious material, clean up the substance immediately.
7. Never pick up broken glass contaminated with potentially infectious material with your bare hands. Don thick leather gloves or use a dust pan and broom.
8. Remember- the most potentially dangerous route for transmission of HIV and HBV infection is by accidental needle sticks, contamination of the mucous membranes, or through broken, abraded, or irritated skin. Use appropriate caution and maximum protection to prevent such contact.
9. Never recap, clip, or bend needles. Dispose of needle/syringe and other sharps immediately after use, in a sharps container.
10. Handle sharp items with safety awareness. Stay focused on the task at hand.
11. All waste contaminated with potentially infectious blood, tissue, and body fluid should be correctly labeled. (Refer to Section 3, Table 1)
12. Wash hands and arms thoroughly with soap and water after contacting human blood or body fluids, when you change gloves, or your gloves are torn. Similarly, wash any other area of body contact.
13. Flush mucous membranes with water, immediately following contact of body areas with possible infectious material.
14. Participate in the HBV immunization program. Participation is not mandatory, but advisable for those employees in jobs classified as Category 1 or 2.
15. **Report every incident involving parenteral\* contact with potentially infectious material (\*such as a needle stick or other puncture into the skin with a contaminated sharp) to your supervisor immediately. Arrangements for follow up procedures will be made if necessary. The health risk will then be assessed and addressed by a health professional.**