

Dickinson

Bloodborne Pathogen Exposure Control Plan

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Purpose

The Occupational Safety and Health Administration (OSHA) has set rules for bloodborne pathogen hazards. The standard (29 CFR 1910.1030) is an effort directed at reducing occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter as part of their normal work responsibilities. The complete program deals with assessment of the risk, education of employees, and providing effective policies and resources to reduce risk. Procedures for following up and documentation of exposure incidents are outlined as well.

Dickinson College complies with this mandate and shares the concern for the welfare of College employees. The Health & Safety Committee with representation from many departments has developed this Plan using framework for the document provided by the Pennsylvania Health Department. The Plan will be reviewed annually by the Director of Compliance & Enterprise Risk Management.

General Program Structure

- Exposure Control Officer

The Director of Compliance & Enterprise Risk Management will act as the Exposure Control Officer and will be responsible for the organization and administration of Dickinson College's Bloodborne Pathogens Compliance Program. Activities of the Exposure Control Officer include but are not limited to:

- A. Conduct an annual review of the Bloodborne Pathogen Program in coordination with the campus Committee on Health and Safety
- B. Develop policy revisions and updates
- C. Respond to regulatory changes
- D. Establish and maintain a reference resource for pertinent health and safety information
- E. Act as College liaison, with OSHA during any OSHA inspection

- Department Managers and Supervisors

Department managers and supervisors are responsible for exposure control in their respective areas. They will work directly with the Exposure Control Officer to ensure that proper exposure control procedures are being followed.

- Human Resource (HR) Representative

The HR Services representative responsibilities will include but not limited to maintaining records of:

- i. personnel who are identified as “at risk” of exposure through job responsibilities
- ii. bloodborne pathogen exposure plan records separately from regular personnel records

- iii. those employees receiving training and, of those employees accepting or declining recommended inoculations
 - iv. exposure incidents and related health records for thirty years after an employee's last employment day
 - b. Coordinate workers compensation claims with regard to this program
 - c. Communicate "at risk positions" status changes to Exposure Control Officer for training purposes
- Employees

The commitment of the College's employees is essential to program effectiveness. Employee responsibilities include:

- a. Knowing which tasks may expose them to bloodborne pathogens
- b. Knowing about and using adequate precautions to protect themselves
- c. Planning and conducting all risky operations in accordance with work practice controls
- d. Attending the program training sessions or completing online training within 30 days of hire and at least annually thereafter
- e. Reporting conditions and procedures that they feel are unsafe

Accessibility of the Exposure Control Plan to Employees

The Exposure Control Plan is available for review by all employees. The Plan is also available on the college's website via the Campus Policies Manual in the Gateway.

Methods of Compliance

A. Exposure Determination

Essential to an effective Exposure Control Plan is the identification of those employees who through their job classifications might be exposed to bloodborne or other potentially infectious materials (OPIM). Other Potentially Infectious Materials means

- 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;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- 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

29 CFR 1910.1030(b) defines Occupational Exposure as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties. Annually, this list below will be reviewed by the Department of Compliance & Enterprise Risk Management to ensure that appropriate job classifications are being included in the plan.

B. Occupationally- Exposed Job Classifications

All workers	Some Workers
FM – Housekeeping (including Supervisor(s)) FM – Grounds Athletics – Athletic Trainers Athletics - Laundry Athletics – Lifeguards Athletics – Equipment/Fields Manager (PE) Athletics – Coaches Athletics – Fitness Center and Desk Attendants Wellness Center – Staff Childrens Center – Staff Dining Services – Dining Hall Utility Workers Dining Services – Laundry DPS – Uniformed Officers	FM – Trades Science Technicians (including Vivarium) Faculty: PIs with biosafety research protocols Student workers (science, Athletics)

C. Work Activities Involving Potential Exposure to Bloodborne Pathogens

Tasks and Procedures	OCCUPATIONAL GROUP
1. Law enforcement	Public Safety Officers
2. Medical Care	Wellness Center Medical Staff Athletics - Athletic Trainers
3. Clean-Up	Facilities Management – Grounds Facilities Management – Trades Facilities Management - Housekeeping
4. Unclogging drains, other plumbing work	Facilities Management - Trades
5. Handling of laundry and uniforms	Dining Services – Laundry Athletics – Laundry Athletics – Equipment/Field Manager (PE)
6. First Aid as Secondary Function	Children's Center Dining Services – Supervisors Facilities Management Public Safety Officers Athletics – Life Guards, Athletic Trainers, Coaches, Kline & Fitness Center Attendants
7. Research	PIs with biosafety protocols Science Technicians Vivarium Staff

8. Biohazardous Waste Handling	Dining Services – Utility Workers Science Technicians Athletics – Athletic Trainers Vivarium Housekeeping Wellness Center - Staff
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D. Exposure Minimization

To comply with 29 CFR 1910.1030(c)(1)(v-vi)), the college has sought input from frontline workers in the Wellness Center and has considered and, when appropriate, is using commercially available safer medical devices.

E. Compliance Methods

Universal hygienic precautions will be observed at Dickinson College in order to prevent contact with blood or other potentially infectious materials. Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

The Center for Disease Control (CDC) integrates universal precautions and body substance isolation into the term “Standard Precautions¹”. Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect DHCP and prevent DHCP from spreading infections among patients. Standard Precautions include —

1. Hand hygiene.
2. Use of personal protective equipment (e.g., gloves, masks, eyewear).
3. Respiratory hygiene / cough etiquette.
4. Sharps safety (engineering and work practice controls).
5. Safe injection practices (i.e., aseptic technique for parenteral medications).
6. Sterile instruments and devices.
7. Clean and disinfected environmental surfaces.

1. <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html>

For the purposes of this plan, universal precautions will be used.

Safety devices, work practice controls, and personal protective equipment when appropriate will be utilized to eliminate or minimize exposure to employees at the college.

Safety and work practice controls include but are not limited to:

DEPARTMENT	EQUIPMENT and PPE
1. Department of Public Safety	Disposable, single use, nitrile gloves One-Way CPR Masks Sharps Containers

	Disinfectant Cleaning Agents Hand-Washing Facilities
2. Wellness Center	Sharps Containers Disposable, single use, nitrile gloves One-Way CPR Masks Eyewash/showerStation Biohazardous Waste Containers Protective Gowns, Masks and Eye Shields Disinfectant Cleaning Agents Hand-Washing Facilities
3. Facilities Management	Disposable, single use, nitrile gloves Biohazardous Waste Containers Biohazardous Waste Cleaning Kits Hand-Washing Facilities Emergency eyewash/shower station
4. Athletics	Disposable, single use, nitrile gloves Biohazardous Waste Containers One-Way CPR Masks Biohazardous Waste Cleaning Kits Sharps Containers Disinfectant Cleaning Agents Protective Gowns & Eye Shields Hand-Washing Facilities
5. Children's Center	Disposable, single use, nitrile gloves Biohazardous Waste Containers Infectious Waste Cleaning Kits Hand-Washing Facilities
6. Campus Laundry	Disposable, single use, nitrile gloves Hand-Washing Facilities
7. Dining Services	Disposable, single use, nitrile gloves Infectious Waste Cleaning Kits Hand-Washing Facilities Emergency eyewash/shower station Biohazardous Waste Container Sharps Containers Disinfectant Cleaning Agents Eye Shields N95 Masks
8. Biology Department & Other Science Labs (including Vivarium)	Disposable, single use, nitrile gloves Sharps Containers Biohazardous Waste Containers Lab Coats Hand-Washing facilities

	Emergency eyewash/shower station
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These controls shall be examined and maintained on a regular schedule by supervisors of the individual departments. The Department of Compliance & Enterprise Risk Management identified the following kit as a comprehensive cleanup kit that can be used for bloodborne pathogen cleanup: <https://www.mfasco.com/biohazard-protection/bodily-fluid-spill-kits/bodily-fluid-pickup-kit-plasti.html>

F. Engineering and Work Practice Controls

In addition to engineering controls, the college uses a number of work practice controls to help eliminate or minimize employee exposure to bloodborne pathogens. The Department of Compliance & Enterprise Risk Management will work with the appropriate departments to assist in the proper implementation of these controls.

The following work practice controls are also part of the Bloodborne Pathogens Compliance Program:

1. Employees shall wash their hands immediately, or as soon as feasible, for at least 20 seconds (according to CDC guidance) after removal of all gloves or other personal protective equipment.
2. Following any contact of body areas with blood or any other infectious materials, employees shall wash their hands and any other exposed skin with soap and water as soon as possible. They shall also flush exposed mucous membranes with copious amounts of tepid water for 15 minutes.
3. Contaminated needles and other sharp instruments or tools shall not be bent, recapped or removed unless it can be demonstrated that there is no feasible alternative or that the action is required by specific medical procedure. If required, the recapping or needle removal is to be accomplished through the use of a medical device or a one-handed technique (Wellness Center and Athletic Training Rooms).
4. Contaminated disposable sharp instruments or tools shall be placed in appropriate containers immediately, or as soon as possible, after use (Wellness Center, Athletic Training Rooms, Lab Sciences).
5. Non-sharp objects contaminated with blood or OPIM shall be disposed of in red bags or designated red biohazard step cans.
6. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses shall be prohibited in work areas where there is potential for exposure to bloodborne pathogens.
7. Food and drink shall not be kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials may be present.
8. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
9. All procedures involving the handling of blood or other infectious materials shall minimize splashing, spraying and other actions which may generate droplets of these materials.

10. Specimens of blood or other material shall be placed in designated leak-proof containers, appropriately labeled, for handling and storage.
11. If outside contamination of a primary specimen container should occur, that container shall be placed within a second leak-proof container, appropriately labeled, for handling and storage. If the specimen can puncture the primary container, the secondary container must be puncture resistant as well.
12. Equipment which becomes contaminated shall be examined prior to servicing or shipping, and shall be decontaminated as necessary, unless it can be demonstrated that decontamination is not feasible. An appropriate biohazard warning label shall be attached to any contaminated equipment, identifying the contaminated portions. Information regarding the remaining contamination shall be conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

G. New Employees and Employees Changing Job Role

When an employee is hired or an employee changes jobs within the college, the following procedure should be followed to ensure that the employees are trained in the appropriate work practice controls:

1. The employee's job classification and the tasks and procedures that they will perform shall be checked against the Job Classifications and Task Lists identified in the Exposure Control Plan as those in which occupational exposure occurs.
2. If the employee is transferring from one job to another, the job classifications and tasks/procedures pertaining to his or her previous position shall also be checked against the lists.
3. If the new job classification and/or tasks and procedures bring the employee into an occupational exposure situation, the employee is then so identified and will fall within the full protection of the regulations.
4. The employee shall then be trained by the Department Supervisor regarding any work practice controls with which the employee may not be experienced, and attend a Bloodborne Pathogens training program if having not previously completed Bloodborne Pathogen training within the previous year.

Hepatitis B Vaccination and Post-Exposure Evaluations and Follow-Up

A. Hepatitis B Vaccination

Even with good compliance with exposure prevention practices, exposure incidents may occur. Therefore, the college has implemented a Hepatitis B Vaccination Program and has established procedures for post-exposure evaluation and follow-up.

To protect employees as much as possible from the possibility of Hepatitis B infection, the college has implemented a vaccination program for Hep B. This program is available, at no cost, to all employees identified via this plan as having the potential for occupational exposure to bloodborne pathogens. The Hepatitis B vaccination shall be made available after

the employee has received the training required and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The vaccination program shall consist of a series of three inoculations given on a schedule determined by the administering medical professional. As part of their bloodborne pathogens training, employees shall receive information regarding Hepatitis B vaccination, including its safety and effectiveness.

A designated medical facility shall be responsible for providing vaccines to employees . Vaccinations shall be performed under the supervision of a licensed healthcare professional. Lab work (titers) shall be performed by an outside lab to measure antibody response to the vaccine.

To ensure that all employees are aware of the vaccination program, it shall be thoroughly discussed during the bloodborne pathogens training sessions. Additionally, a Hepatitis B Disclosure Form will be available at all trainings; this form is also available via the online training. This form includes four options for the employee to designate if they:

- Consent to receiving the vaccination
- Have already received the vaccination, and are able to list the (approximate) dates of the inoculation series
- Would like to receive a titer to confirm their immunity, or
- Decline receiving the vaccination at this time

The form must be filled out and returned to the Department of Compliance & Enterprise Risk Management upon completion. Individuals consenting to the vaccine or titer test will be provided a Treatment Authorization Form to initiate the requested services through a designated medical facility. The Safety & Emergency Management Specialist will sign off that a treatment authorization form has been provided and list the date in which it was provided. The employee shall then obtain the requested medical care at their convenience during their scheduled work day.

Human Resource Services (HRS) is responsible for maintaining records for employee vaccinations. Employees who decline to take part in the program must sign the declination section of the Hepatitis B Vaccination Disclosure Form to be kept on file in HR Services. If an employee initially declines the vaccination but at a later date decides to accept the vaccination, it will be made available to them at that time via completion of an additional disclosure form.

B. Post-Exposure Evaluation and Follow-Up

A bloodborne pathogen exposure incident occurs when potentially infectious material comes into contact with the eyes, mouth, other mucous membrane, damaged skin, or penetrates the skin (parenteral or under the skin) during the performance of an employee's duties. In the event of exposure to bloodborne pathogens:

1. Immediately wash the exposed area with soap and water. For eye and mucous membrane exposure, rinse with water for 15 minutes.
2. Notify the supervisor immediately after the incident and provide detailed information about the incident. The circumstances surrounding the exposure incident shall be immediately reported to the Exposure Control Officer by the supervisor. The Supervisor shall report the incident to Human Resource Services.
3. Immediately following washing, employees should seek medical attention from an approved medical providers via the list of Worker's Compensation Panel Providers.
4. The Blood and Body Fluid Exposure Report Form (Appendix D) must be completed within 24 hours of the exposure incident by the employee's supervisor and returned to the Exposure Control Officer.

In the event of a life threatening injury, call 911 or DPS and go to the nearest hospital Emergency Room. The Exposure Control Officer or his/her designee will investigate every exposure incident that occurs at the college. This investigation shall be initiated within 24 hours after the incident occurs and shall involve gathering the following information.

1. Time of the incident
2. Location of the incident
3. Which potentially infectious materials were involved in the incident
4. Identification of the individual from whom the infectious material came
5. How the incident occurred (accident, equipment malfunction, etc.)
6. Personal protective equipment being used at the time of the incident
7. Actions taken as a result of the incident (employee decontamination, cleanup, notifications made, etc.)

A written report of the incident and its causes shall be prepared, and recommendations shall be made for avoiding similar incidents in the future.

To ensure that employees receive the best and most timely treatment should an exposure to bloodborne pathogens occur, a comprehensive post-exposure evaluation and follow-up process has been established; HR Services shall oversee this program. The college's role in this Plan is to direct the employee to an occupational medicine provider on the college's Workers' Compensation Panel Provider list. These meetings explaining the procedure to the employee will be documented in their personnel files.

Much of the information gathered in this process shall remain confidential and the college shall do everything possible to protect the privacy of the person(s) involved.

Information Provided to the Healthcare Professional

To assist the healthcare professional evaluating an employee after an exposure incident, the following documents shall be provided:

1. A copy of the Bloodborne Pathogens standard (29 CFR 1910.1030)
2. A description of the exposed employee's duties as they relate to the exposure incident

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred
4. Results of the source individuals's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status

Healthcare Professional's Written Opinion

Following the consultation, the healthcare professional shall provide the college with a written opinion within 15 days of the completion of the evaluation. The college will then provide a copy of this opinion to the exposed employee. 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.

To maintain confidentiality, the written opinion shall contain only the following information:

1. Confirmation that the employee has been informed of any test results and evaluation
2. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment

All other findings or diagnoses shall remain confidential and shall not be included in the written report to the employer.

Communication of Hazards

A. Labels and Signs

The college has implemented a comprehensive biohazard warning label program using labels of the type shown below or, when appropriate, using red "colored-coded" containers. Red bags or red containers may be substituted for labels. The Department of Compliance & Enterprise Risk Management will procure red bags and appropriate biohazardous waste containers through the designated vendor for use in the Wellness Center, Biology and Neuroscience departments. All other departments with infrequent use (e.g., Athletics, Dining Services, etc.) shall be responsible for procuring their own bags and appropriate containers for use.

The following items shall be labeled:

1. Containers of Regulated waste
2. Refrigerators/freezers containing blood or other potentially infectious materials
3. Sharp instruments or tools disposal containers
4. Other containers used to store, transport or ship blood and other infectious materials
5. Contaminated laundry bags and containers
6. All other (potentially) contaminated equipment

The following items need not be labeled or color-coded:

1. 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
2. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal

3. Regulated waste that has been decontaminated

Acceptable biohazard warning label examples are listed below. Labels affixed to contaminated equipment shall indicate which portions of the equipment are contaminated.



B. Information and Training

All employees who have the potential for exposure to bloodborne pathogens shall receive comprehensive training and shall be furnished as much information as possible on this issue.

Employees shall receive the required training within 30 days of hire, and annually thereafter. Training is available in person and online through Totara. Additionally, all new employees, as well as employees changing jobs or job functions, who have the potential for exposure will be given any additional training required at the time of their new job assignment by their Supervisor.

The Director of Compliance & Enterprise Risk Management is responsible for ensuring that all employees who have potential exposure to bloodborne pathogens receive this training.

Training Topics

The topics covered in the training program shall include, but shall not be limited to, the following:

1. The Bloodborne Pathogens Standard itself (29 CFR 1910.1030)
2. The epidemiology and symptoms of bloodborne diseases
3. The modes of transmission of bloodborne pathogens
4. The college's Exposure Control Plan
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. A review of the use and limitations of methods that will prevent or reduce exposure, including engineering controls, work practice controls and personal protective equipment
7. Selection and use of personal protective equipment including the types available, their proper use, location, removal, handling, decontamination, and disposal
8. Visual warning of biohazards on the campus, including labels, signs, and "colored-coded" containers
9. Information on the Hepatitis B Vaccine, including its efficacy, safety, method of administration benefits and the college's free vaccination program
10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials

11. Information on the post-exposure evaluation and follow-up provided by the college

Training Methods

The college's training presentations shall utilize several training techniques including, but not limited to, the following:

1. Classroom type atmosphere with personal instruction
2. On-line training (Computer Based Training) and exam with option to ask trainer questions
3. Handouts

Recordkeeping

A. Medical Recordkeeping

To ensure that the college can provide as much medical information as possible to the participating healthcare professional, the college shall maintain records on exposed employees for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020. HRS shall be responsible for maintaining these records, which shall include the following information:

1. Name of the employee
2. Social security number of the employee
3. A copy of the employee's Hepatitis B Vaccination status, including dates of vaccinations
4. A copy of the Incident Report or pertinent information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens
5. Hepatitis B Vaccination Disclosure Form

Information will be confidential and not disclosed to anyone without the employee's written consent, except as required by law.

B. Training Recordkeeping

To facilitate the training of employees, and to document the training process, the Department of Compliance & Risk Management shall maintain all training records. Training records shall contain the following:

1. Dates of all training sessions
2. Name of instructor
3. Names and job titles of employees attending

C. Disposal Recordkeeping

Each month, following pickup of the biohazardous waste by a designated vendor, the disposal records shall be maintained on file by the Department of Compliance & Enterprise Risk Management.

Procedures

A. Blood or OPIM Cleanup

1. Notify others working in the area of the hazard by verbal and non-verbal means (e.g., set up wet floor signs or caution tape)
2. Remove spill supplies from bucket and line the bucket with a biohazard bag. Retrieve a sharps container for disposal of glass/sharps.
3. Put on two layers of gloves. Put on splash goggles.
4. Prepare disinfectant.
5. If no sharps/broken glass move on to Step 7.
6. Using tongs or forceps, place broken glass/sharps in sharps container. Use dust pan and broom for shattered glass.
7. Cover the spill area with absorbent materials (e.g., paper towels)
8. Remove the absorbent material. If using a powder or solidifier, use dustpan and broom. Dispose of all absorbent materials and tools into a biohazard bag.
9. Spray/apply disinfectant to the contaminated area and wait appropriate contact time.
10. Remove disinfectant with paper towels and place the paper towels in the biohazard bag for disposal.
11. Repeat step 9 and 10 to allow for sufficient disinfection of contaminated surfaces.
12. Remove outer pair of gloves only and dispose of them in the biohazard bag.
13. Remove goggles with inner gloves still on and disinfect goggles and any other items utilized in the spill response. If preferred, dispose of goggles in biohazard bag.
14. Remove inner gloves and dispose of them in biohazard bag.
15. Place the biohazard bag in a biohazardous waste container for treatment and disposal.
16. Wash your hands with soap and water as soon as possible.

B. Sharps Exposure

If you experienced a needlestick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps:

1. Wash needlesticks and cuts with soap and water
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water, saline, or sterile irrigants
4. Report the incident to your supervisor
5. Immediately seek medical treatment

C. Campus Laundry

Designated Contaminated Laundry Containers

1. Any suspected contaminated clothing or linen will be isolated and placed in red biohazard bags.
2. When anyone other than the source individual has exposure to suspected contaminated clothing or linen, the Exposure Control Officer or his/her designee is to be notified immediately.
3. Contaminated uniforms and clothing are not to be taken from the work place to be laundered or cleaned at home.
4. Sports uniforms and clothing that are suspected to be contaminated/soiled will be collected in red biohazard bags in locker rooms, then segregated and placed with other laundry in rolling bins.

5. Public Safety uniforms will be placed in containers provided by contracted Laundry Service. Labeled containers will be dry cleaned separately at contracted Laundry Service.
6. Laundry personnel shall use appropriate protective gloves to handle any contaminated laundry.

D. Biohazard Storage and Disposal

Regulated waste must be managed via appropriate waste management means. Red step cans with self-closing lids have been provided in select areas for disposal of items contaminated with blood or OPIM. However, not all items contaminated with blood should be disposed of in these bins. To be considered regulated waste, items contaminated with blood or OPIM must be in pourable, drippable amounts. Below is a list of items that should go in the red bins:

- Dressings soaked/caked with blood or OPIM
- Tubing that contains visible blood
- Cotton balls/gauze soaked/caked with blood or OPIM
- Biohazard spill cleanup materials
- Any material soaked/caked with blood or OPIM
- Gloves contaminated with blood or OPIM
- Solidified liquid blood or OPIM

In several departments, biohazardous waste generation does not occur on a regular basis. Any biohazardous waste generated in these departments listed below should be collected for off-site shipment by submitting a work order to Housekeeping in Facilities Management. These departments include:

- Dining Services
- Athletics
- Children's Center
- Wellness Center

For more details related to biohazardous waste management, please see the college's Comprehensive Waste Management program.

1. Biohazard storage containers are located at:
 - Wellness Center
 - Children's Center
 - Athletic Department's Training Rooms
 - Facilities Management
 - Dining Services loading dock
 - Biology Department labs
 - Vivarium
 - Environmental Studies Classrooms
2. On a regular schedule, but no longer than every 28 days, a trained Department of Compliance & Risk Management employee, or a contracted service will collect the

bagged regulated waste from the above listed internal generator sites for consolidation within the Central Accumulation Area.

3. Each month a licensed hauler will pick up the accumulated biohazard waste from the college to be incinerated. The Exposure Control Officer is to be contacted when other collections are necessary.

Appendix A: Definitions

BODY SUBSTANCE ISOLATION (BSI) means assuming that all body fluids, whether they contain blood or not, are potentially infectious and that procedures are taken to avoid any contact with any body fluids.

BLOODBORNE PATHOGENS means 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 reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED LAUNDRY means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

DECONTAMINATION means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or items to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

EMPLOYEE means any person who is employed by Dickinson College, whether full or part time.

ENGINEERING CONTROLS means controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.

EXPOSURE CONTROL PLAN means a written policy and procedures to reduce the likelihood of exposure to blood or other potentially infectious materials by use of engineering controls and universal precautions.

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 an employee's duties.

HAND WASHING FACILITY means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

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.

Appendix B: Hepatitis B Vaccination Disclosure Form

Dickinson

Hepatitis B Vaccination Disclosure Form

Name (Please Print): _____ ID Number: _____

Date of Birth: ____/____/____ Department (if applicable): _____

Because of the nature of my occupational duties at Dickinson College, there is a substantial risk of direct contact with blood or other potentially infectious materials, which have been determined as likely to transmit the Hepatitis B virus. I have received **Bloodborne Pathogen Training** and am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of Dickinson College's Bloodborne Pathogen Exposure Control Plan, and as a covered employee under Dickinson College's Occupational Health Program, I can receive vaccination against Hepatitis B at no cost.

STEP 1: Place a ✓ in one of four the boxes below that best describes your intent.

*****More options on other side*****

I CONSENT to receiving the Hepatitis B vaccine.

In accordance with Dickinson College's Bloodborne Pathogen Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination.

- **Faculty/Staff:** Vaccine administered during working hours by approved provider.
- **Students:** Vaccine administered by the Wellness Center.

By signing below, you agree to the following statements:

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring Hepatitis B because of the nature of my professional or research responsibilities.
3. I have read the vaccine information sheet that lists the information, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand; however, as with all medical treatment, there is no guarantee that I will become immune, or that I will not experience an adverse reaction to the vaccine.
6. In the event I should terminate employment at Dickinson College prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Signature: _____

Date: _____

Authorization: By signing below, the Safety & Emergency Management Specialist is acknowledging that the employee or student herein, has been provided the supplementary Treatment Authorization Form and is hereby authorized to commence the Hepatitis B vaccination series.

Safety & Emergency Management Specialist

Date

I already received the Hepatitis B vaccine.

I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believed to be effective for life. I further understand that I will be contacted by the Dickinson College's Human Resources Department or the Wellness Center if new information becomes available contradicting this belief.

Dates of Vaccination:

I would like a TITER to confirm my immunity to Hepatitis B.

I am not sure if I have received the (full) Hepatitis B vaccination series and would like to request a titer test (blood test that confirms the presence of the vaccine).

Signature: _____ Date: _____

Authorization: By signing below, the Safety & Emergency Management Specialist is acknowledging that the employee or student researcher named herein, has been provided the supplementary Treatment Authorization Form and is hereby authorized to commence the Hepatitis B vaccination series.

Safety & Emergency Management Specialist

Date

I DECLINE receiving the Hepatitis B vaccine.

I understand that, due to my occupational or research exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me; however, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease, Hepatitis B. If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials, and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____ Date: _____

STEP 2: After completing this form, please send it to the appropriate department:

Faculty/Staff: Department of Compliance & Enterprise Risk Management

If you have checked the box to consent to vaccination and are a faculty/staff member, an additional Treatment Authorization Form will be provided to you by the Safety & Emergency Management Specialist. This form must be taken with you to your first appointment. Upon receipt of your third vaccination, the physician will then return it to Dickinson College's Human Resource Services.

Students: Kline Wellness Center

Note: This form will be filed within your student or employee file in Human Resource Services and will not be used for any other means.

Appendix C: Sharps Injury Log

Date/Time: _____ Incident ID #: _____

Exposed Individual's Date of Birth: _____ Gender: _____

Exposed Individual's Job Classification: _____

Task/Procedure Being Performed: _____

Department/Location of Injury: _____

Description of the Exposure Incident: _____

Body Part(s) Injured: _____

Identity of Sharp Involved

Type: _____

Brand: _____

Model: _____

Did the exposure incident occur:

- | | |
|--|---|
| <input type="checkbox"/> During use of the sharp | <input type="checkbox"/> Sharp left in inappropriate place (table, bed, etc.) |
| <input type="checkbox"/> Between steps of a multi-step procedure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> After use and before disposal of sharp | _____ |
| <input type="checkbox"/> While putting the sharp into disposable container | _____ |

Did the device being used have engineered sharps protection?

- Yes No don't know

Was the protective mechanism activated?

- Yes--fully Yes--partially No

Did the exposure incident occur:

- before during after activation

Exposed Employee

If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

- Yes No

Explain:

Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?

- Yes No

Explain:

This form will be completed by the exposure control officer through interviews and maintained in accordance with 29 CFR 1904.33.

Appendix D: Blood and Body Fluid Exposure Form

Exposure Event Number _____

Dickinson Blood and Body Fluid Exposure Report Form

Name of exposed worker: Last _____ First _____ ID# _____	
Date of exposure: ____/____/____ Time of exposure: ____:____ AM PM (circle one)	
Job Title: _____ Department: _____	
Location where exposure occurred: _____	
Name of person completing form: _____	
Section I. Type of Exposure (Check all that apply)	
<input type="checkbox"/>	Percutaneous (Needle or sharp object that was in contact with blood or body fluids) (Complete Sections II, III, IV, and V)
<input type="checkbox"/>	Mucocutaneous (Check below and complete Sections, III, IV, and VI) ___ Mucous Membrane ___ Skin
<input type="checkbox"/>	Bite (Complete Sections, III, IV, and VI)
Section II. Needle/Sharp Device Information (If exposure was <u>percutaneous</u> , provide the following information about the device involved.)	
Name of device: _____	<input type="checkbox"/> Unknown/Unable to determine
Brand/manufacturer: _____	<input type="checkbox"/> Unknown/Unable to determine
Did the device have a sharps injury prevention feature, i.e., a "safety device"? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, when did the injury occur?	
<input type="checkbox"/> Before activation of safety feature was appropriate	<input type="checkbox"/> Safety feature failed after activation
<input type="checkbox"/> During activation of the safety feature	<input type="checkbox"/> Safety feature not activated
<input type="checkbox"/> Safety feature improperly activated	<input type="checkbox"/> Other: _____
Describe what happened with the safety feature, e.g., why it failed or why it was not activated: _____ _____	
Section III. Employee Narrative Describe how the exposure occurred and how it might have been prevented: _____ _____ _____ _____	

Section IV. Exposure and Source Information

A. Exposure Details: (check all that apply)

1. Type of fluid or material (for body fluid exposures only, check which fluid in adjacent box.)

- Blood/blood products
- Visibly bloody body fluid*
- Non-visibly bloody body fluid*
- Visibly bloody solution (e.g., water used to clean a blood spill)

*Identify which body fluid		
<input type="checkbox"/> Cerebrospinal	<input type="checkbox"/> Urine	<input type="checkbox"/> Synovial
<input type="checkbox"/> Amniotic	<input type="checkbox"/> Sputum	<input type="checkbox"/> Peritoneal
<input type="checkbox"/> Pericardial	<input type="checkbox"/> Saliva	<input type="checkbox"/> Semen/vaginal
<input type="checkbox"/> Pleural	<input type="checkbox"/> Feces/stool	<input type="checkbox"/> Other/Unknown

2. Body site of exposure. (check all that apply)

- Hand/finger Eye Mouth/Nose Face
- Arm Leg Other (Describe: _____)

3. If percutaneous exposure:

Depth of injury (Check only one.)

- Superficial (e.g., scratch, no or little blood)
- Moderate (e.g., penetrated through skin, wound bled)
- Deep (e.g., intramuscular penetration)
- Unsure/Unknown

Was blood visible on device before exposure? Yes No Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one)

Approximate volume of material

- Small (e.g., few drops)
- Large (e.g., major blood splash)

If skin exposure, was skin intact? Yes No Unsure/Unknown

B. Source Information

1. Was the source individual identified? Yes No Unsure/Unknown

2. Provide the serostatus of the source patient for the following pathogens.

	Positive	Negative	Refused	Unknown
HIV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If known, when was the serostatus of the source determined?

- Known at the time of exposure
- Determined through testing at the time of or soon after the exposure

Section V. Percutaneous Injury Circumstances

A. What device or item caused the injury?

- Hollow-bore needles
- Suture Needle
- Glass
- Other sharp object
- Other device or item

Please describe the specific device or item: _____

B. Purpose or procedure for which sharp item was used or intended.

C. When and how did the injury occur? (Please select an item from the left, and then describe the activity being performed at the time of injury on the right.)

- During use of the item
 - _____
 - _____
 - _____
 - _____
- After use, before disposal of the item
 - _____
 - _____
 - _____
 - _____
- During or after disposal of the item
 - _____
 - _____
 - _____
 - _____
- Other (describe):
 - _____
 - _____
 - _____
 - _____
- Unknown

Section IV. Mucous Membrane Exposure Circumstances

A. What barriers were used by worker at the time of the exposure? (check all that apply)

- Gloves
- Goggles
- Eyeglasses
- Face Shield
- Mask
- Gown

B. Activity/Event when exposure occurred (check one)

- Law Enforcement
- Medical Care
- Clean-Up
- Trash Removal
- Laundry Services
- First Aid
- Research
- Other: _____
- Unknown

Comments

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