# AURORA UNIVERSITY

# ****Bloodborne Pathogen Exposure Control Plan****

|  |
| --- |
| Effective: **1 November 2009**Last Updated: 28 February 2022Responsible University Office: Human ResourcesResponsible Executive: Senior Vice President for Business and Finance  |
| Scope: The following Aurora University employees/students have been determined to be at risk for occupational exposure to blood or OPIM and as such must comply with the procedures and work practices outlined in this Bloodborne Pathogen Exposure Control Plan. * Health Services Staff (AUR)
* Campus Public Safety (AUR and GWC)
* Athletic Trainers
* Nursing Faculty Members Teaching in Clinical Settings
* GWC Physical Properties Staff
* Students in Athletic Training, Exercise Science, Nursing
 |

1. **REASON FOR POLICY**

Aurora University is committed to providing a safe and healthful work environment for faculty, staff and students.  In pursuit of this goal, the Bloodborne Pathogen Exposure Control Plan is provided to eliminate or minimize employee/student occupational exposure to blood or other potentially infectious materials (OPIM).  This plan is written in order to comply with OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens Standard. The purpose of this standard is to “reduce occupational exposure to Hepatitis B Virus (HBV), Human Immuno-Deficiency Virus (HIV) and other bloodborne pathogens” that employees may encounter in the course of performing their job duties.

The plan also includes provisions for employees at risk of occupational exposure to receive Hepatitis B vaccinations, training, and if necessary confidential medical evaluations.

1. **POLICY**

**UNIVERSAL PRECAUTIONS**

All employees/students will observe universal precautions when performing any task which may result in occupational exposure to blood or other potentially infectious body fluid (“OPIM”).  Universal precautions treat all blood and certain body fluids as if they were infected with bloodborne pathogens.

OPIM include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids where it is difficult to differentiate between body fluids.

**MANAGEMENT OF PLAN AND RESPONSIBILITY**

Responsibility for implementing and carrying out this policy is shared by several areas:

* Human Resources shall be responsible for ensuring employees and students comply with the provisions of this plan. They will also ensure that a copy of this plan will be provided to all appropriate management personnel and employees who fall under the scope of this plan.
* Physical Properties is responsible for providing necessary supplies such as personal protective equipment, spill kits, soap, bleach, etc.  Supplies are available in the maintenance closet of each building.
* Human Resources arranges for Hepatitis B vaccinations which are available through the local Occupational Health services.
* Human Resources tracks and maintains appropriate training records, Hepatitis B vaccination records and declinations, and exposure records and reporting.
* Physical Properties shall be responsible for disposing of biohazardous waste contained in biohazard bags.

The written Bloodborne Pathogen Exposure Control Plan will be on file with Human Resources and on the Human Resources website.

This Exposure Control Plan will be reviewed by Human Resources for possible revisions according to the following criteria:

1. On an annual basis.

2. Whenever a task or procedure is implemented which would affect employee exposure.

3. Whenever new positions are established that may involve exposure to blood or body fluids.

4. As new information becomes available from OSHA or the CDC.

**ENGINEERING AND WORK PRACTICE CONTROLS**

The following engineering and work practice controls will be utilized by all employees and students who fall under the scope of this plan to minimize exposure.

1. Employees/students must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick). \*\*
2. Employees/students must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.\*\*

**\*\*Employees/students shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work.  Most AU buildings will have available hand washing facilities in restrooms and custodial/janitorial closets.
(If hand washing facilities are not readily available, Physical Properties will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic wipes.  If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)**

1. Spill kits with sharps containers are available in Campus Public Safety, the Athletic Trainer's rooms, and the Wellness Center.  The director of each department is to notify Physical Properties as needed for replenishment of supplies.  Spill kits will be checked by Physical Properties (Aurora Campus and GWC) annually and on an as needed basis.
2. Employees or students who encounter improperly disposed needles, blood and/or OPIM should notify the following departments immediately: Campus Public Safety on the Aurora Campus, and the appropriate department as follows on the George Williams Campus (Physical Properties Department during the day and Campus Public Safety during the night).
3. Campus Safety and/or Physical Properties will dispose of needles in the following manner:
	1. Needles shall be disposed of in labeled sharps puncture proof containers provided at the location.
	2. Needles should never be recapped.
	3. Needles may be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
	4. Breaking or shearing of needles is prohibited.
	5. If sharps containers are not available at that location, needles or other sharps will be disposed of in an appropriate, labeled sharps container supplied in Spill kits.
	Additionally, the appropriate authorities at the location shall be notified.
4. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
5. No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or OPIM are present.
6. Employees/students must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

**Blood & OPIM Clean Up**

All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials.  Decontamination will be accomplished by utilizing 10% bleach solution or other EPA-registered disinfectant.  The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning, or per product instructions.

**Clean Up Procedure**

* Avoid splashing.  Do not spray or pour decontamination solution directly on blood or OPIM.
* Open up a red biohazard bag with edges turned down; put on gloves and appropriate personal protective equipment; place paper towels over the spill and allow fluid to be absorbed.  Do not pat.  Dispose of used paper towels in the red biohazard bag.  Repeat until the fluid residue is absorbed.
* Pour decontamination solution on paper towels and allow it to be absorbed to wipe up any remaining residue.  Lastly, rinse the area with the decontamination solution.
* Remove gloves and any other personal protective equipment.  Place them in the red biohazard bag and close without touching the inside surface.  Double bag with an additional red biohazard bag if the outside of the bag is contaminated or if leaking.
* Place red biohazard bag in approved biohazard containers.  Approved biohazard containers are located within the Wellness Center, janitor closet in each residence hall, Nursing Department Labs, and Athletic Training rooms.  In the event that a red biohazard bag is placed within the biohazard container in the janitor closet, the individual placing the bag in such location will send an e-mail to Physical Properties informing them of the need to remove the filled container for incineration.  All biohazard bags should be placed in an approved container within the building in which biohazard material was found.
* If biohazard material is found outside of a building, or within a building for which there is no approved biohazard container, then Physical Properties and/or Campus Public Safety should be notified for proper clean up and removal of biohazard waste/bag to appropriate receptacle.
* Wash hands with soap and water immediately or as soon as feasible.

**Management of Contaminated Sharps**

* Secure the area.
* Broken glassware will not be picked up directly with the hands, even when wearing gloves.  Sweep or brush material into a dustpan and/or use plastic scoopers from spill kits.
* Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in approved red biohazard puncture resistant containers located in campus spill kits. Do not force contaminated sharps into red biohazard containers; if contaminated sharps are too large to fit into the red biohazard container, notify Campus Public Safety immediately for further advisement.
* 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.
* Reusable, portable red biohazard puncture resistant containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous/exposure injury.

**REMOVAL OF CONTAMINATED WASTE**

Incineration of biohazardous waste shall be handled by a biological waste destructor.  This shall be coordinated through the Physical Properties department.

**LAUNDRY PROCEDURES**

1. Contaminated clothing will be handled as little as possible.  Workers who handle potentially infectious clothing will wear appropriate personal protective equipment such as gloves.  Gowns and eye protection will be worn if gross contamination is present.
2. Contaminated clothing will be bagged at the location where it was used and transported in leak proof containers labeled with the biohazard symbol.  Laundry will not be sorted or rinsed at the location of use.
3. Contaminated laundry will be laundered by properly trained personnel or picked up by a commercial laundry service.  Dry cleaning is acceptable.
4. For handling/management of laundry contaminated in relation to intercollegiate athletic participation, please reference the Athletics procedures located in the Athletics office.

**ARTIFICIAL TURF PROCEDURES**

1. Any bloodborne pathogens are spot cleaned using a 4 parts water to 1 part bleach ratio per artificial turf manufacturer recommendations.  The solution is sprayed directly on turf fibers, and the fibers wiped down.
2. Bleach solution needs to be mixed at the time of use so that the bleach does not lose its effectiveness.

**PERSONAL PROTECTIVE EQUIPMENT**

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

Physical Properties or the academic area will provide gloves, face shields, masks, eye protection, and gowns at no cost to employees in jobs that include occupational exposure.  Personal protective equipment will be replaced or repaired as necessary at no cost to employees. Employees and students are trained regarding the use of the personal protective equipment provided.

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

Hypoallergenic gloves, glove liners and similar alternatives will be made available in the event an employee is allergic to gloves normally used by the university. The employee will report any allergies to personal protective equipment to their supervisor immediately.

To ensure that personal protective equipment is not contaminated and is in good condition to protect employees from potential bloodborne pathogen exposure, the university will adhere to the following practices:

1. All disposable gloves will be for single use only and will be properly discarded after use, regardless of contamination.

2. Safety glasses or goggles for personal use only. In the event of contamination, the glasses will be decontaminated before reuse by the employee or disposed of.

3. Any garment that is penetrated by blood or body fluids will be removed as soon as possible and appropriately decontaminated or disposed of.

4. Disposable gloves shall be worn in the following circumstances:

a. Whenever the employee anticipates contact with blood or body fluids.

b. When handling items or touching surfaces contaminated with blood or body fluids (cleaning bathrooms).

c. When handling needles or sharps that could contain blood or other infectious materials.

5. Disposable gloves will be replaced as soon as practical if they are torn, punctured, or in any way lose their function to act as a barrier against blood or body fluids.

**Employees/students must:**

* Utilize protective equipment in occupational exposure situations.
* Remove garments that become penetrated by blood or OPIM as soon as feasible.
* Notify their supervisor of any protective equipment/garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens, and must wear only protective equipment that is functional.
* Remove all personal protective equipment before leaving the work area.
* Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal as determined by the department.
* Notify department supervisor of spill kit use and need for replenishment of supplies as indicated.
* Home laundering is not permitted.

**HEPATITIS B VACCINE (HBV)**

The Hepatitis B vaccine shall be made available at no cost to employees who have potential 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 vaccine will be provided under the supervision of a licensed physician or other licensed health care professional.

The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment.  Human Resources will provide verbal and written notice of Hepatitis B vaccination availability to at risk employees upon hire.

Employees may initially decline the Hepatitis B vaccination, but can change their mind at a later date and receive the vaccination.

All employees who decline the Hepatitis B vaccination shall sign the OSHA-required Hepatitis B declination statement.

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

The immunization program shall be under the supervision of the university. Each employee's immunization status will be maintained in a confidential manner in the employee’s medical file. Where there is exposure to an individual who is known to have the hepatitis B virus, appropriate measures will be instituted by the consulting physician.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

**Students**

Involving a needle stick or other potential exposure to a bloodborne pathogen by a student:

Nursing students in clinical settings should immediately report the exposure to the clinical supervisor for the procedures set in place for that location.

Athletic training and exercise science students should immediately report the exposure to the clinical supervisor in charge for the procedures in place for that location.

**Employees**

Involving a needle stick or other potential exposure to a bloodborne pathogen by an employee:

1. Cleanse the wound and surrounding area with soap and water (for a needle stick), or flush eyes, nose, or mouth with copious amounts of tap water (for a splash to the face or non-intact skin).
2. Notify your supervisor and Human Resources immediately
3. The employee should seek medical attention. Human Resources will provide the employee with the location of Occupational Health Services or the emergency room if Occupational Health Services is closed.  Inform front desk staff that you experienced an occupational blood or body fluid exposure covered by Aurora University’s Workers Compensation Insurance.
4. Complete the Aurora University Occupational Bloodborne Pathogen Exposure Incident form (available linked to this policy and in Human Resources) within 24-hours of your exposure, and send a copy to Human Resources.

Following an exposure incident, the exposed employee shall go to the designated Occupational Health Provider for a confidential medical evaluation and documentation of the following:

1. The route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.
3. Personal protective equipment in use at time of incident.
4. Actions taken such as: decontamination of the employee, clean-up, and notifications made.
5. Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.
6. The identification and documentation of the source individual.  (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
7. The collection and testing of the source individual's blood for HBV and HIV serological status.
8. Counseling.
9. Evaluation of any reported illness.

Results of testing of the source individual will be made available to the exposed employee, and the exposed employee will be informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

The employee will be offered the option of having his/her blood collected for HIV and HBV testing. (See Appendix A for exposed employee waiver and consent forms.) The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken, and the blood sample discarded.

The employee will be provided appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to the appropriate personnel. The counseling, as outlined above will be conducted by a company physician or nurse practitioner.

Interaction with the Health Care Professional

After consultation, the health care professional will provide the university with a written opinion evaluating the exposed employee. This university will, in turn, provide a copy of the health care professional’s evaluation to the employee.

Written medical opinions will be obtained when the employee is sent to the health care professional following an exposure incident. The written opinion will contain the following information:

1. Whether Hepatitis B Vaccination is indicated for the employee.

2. Whether the employee has received the Hepatitis B Vaccination.

3. Confirmation that the employee has been informed of the results of the evaluation.

4. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment.

5. All other findings and diagnoses will remain confidential and will not be included in the written report.

Medical Recordkeeping

Aurora University will maintain the following medical information on our employees:

1. Name of the employee.

2. A copy of the employee’s Hepatitis B Vaccination status.

a. Vaccination dates.

b. Medical records relative to the employee’s ability to receive the vaccination.

3. Copies of the results of the examinations, medical testing and follow-up procedure which took place as a result of an employee’s exposure to bloodborne pathogens.

4. A copy of the information provided to the consulting health care professional as a result of any exposures to blood or body fluids.

All employee medical records will be kept separate from all other personnel files. These files will be maintained, and access will be limited to Human Resources as needed.

**TRAINING**

All employees covered under this plan shall participate in a training program upon hire and annually thereafter in accordance with OSHA standard [1910.1030(g)(2)](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_1030&src_anchor_name=1910.1030%28g%29%282%29).  Training for employees and students will occur before assignment to a task where occupational exposure is present.  Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure. This training will be provided during working hours at no cost to the employee. Training is considered valid for one year from training date.

Any employee/student who is exposed to infectious materials shall receive training, and employees will receive training even if the employee was allowed to receive the HBV vaccine after exposure.

**Training Outline**

New Hire (identified as “at-risk”)

Within 10 working days of date of hire:

* Human Resources will provide the employee with a link to the online training session as part of the new hire orientation process.
* The employee must complete the Bloodborne Pathogen training session.
* As part of the training program, the Hepatitis B vaccine information along with acceptance and declination forms, and a copy of this policy shall be provided to each participant.
* The employee will receive a copy of a “certificate of completion,” and notified that the certificate should be shown to their supervisor.
* A copy of the certificate of completion shall be placed in the employee’s personnel file, and information entered into the employee’s records.

Annual Training

* Training sessions will be provided on each campus during fall and spring semester of each year.
* Human Resources will notify supervisors of employees covered by this policy who are required to complete the training.
* Completion of training for each employee/student will be verified by the online training system.  Records will be maintained in Human Resources. In addition, each employee/student can print out their certificate of completion to share with their supervisor.
* Employees who are not covered by this policy are welcomed to request access to the online training.
* Students associated with an academic unit will adhere to the training schedule as outlined by the program.

**Bloodborne Pathogen Training**

The University uses an online training session administered by Human Resources. The following information will be addressed during the online training session:

* Review of Aurora University’s Bloodborne Pathogen Exposure Plan and the OSHA’s Standard for Bloodborne Pathogens and related fact sheets.
* Epidemiology of bloodborne diseases.
* Modes of transmission of bloodborne pathogens.
* Explanation of this exposure plan, the lines of responsibility, and implementation of this plan.
* Procedures which might cause exposure to blood or body fluids at the university.
* Control methods which will be used by the university to control exposure to blood or body fluids.
* Information on types, proper use, location, and disposal of personal protective equipment at the university.
* Post exposure evaluation and follow-up procedures.
* Signs and labels 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 and vaccination will be offered free of charge to employees.

**Oversight & Enforcement**

Tracking and enforcement of employee bloodborne pathogen training is the responsibility of Human Resources.  Human Resources will ensure that new hires receive training during their new hire process. In addition, Human Resources will notify at-risk employees of the need for annual training.

For previously identified at-risk employees that fail to complete the training upon hire and/or annually, Human Resources will at 30-days and at 60-days provide a written notice to both the employee and their supervisor indicating that training has not been completed.

**Appendix A - Forms**

[Exposure Incident Report](https://aurora.edu/au/documents/hr/revised-handbook-policies/bloodborne-pathogens-exposure-incident-report.docx)

[Hepatitis B Vaccine Acceptance Statement](https://aurora.edu/au/documents/hr/revised-handbook-policies/hepatitis-b-vaccine-acceptance-statement.docx)

[Hepatitis B Vaccine Declination Statement](https://aurora.edu/au/documents/hr/revised-handbook-policies/hepatitis-b-vaccine-declination-statement.docx)

[Post –Exposure Blood/Body Fluids Consent to Serology Testing](https://aurora.edu/au/documents/hr/revised-handbook-policies/post-exposure-consent-to-serology-testing.docx)

[Post-Exposure Blood/Body Fluids Waiver to Serologic Testing for HIV/HBV](https://aurora.edu/au/documents/hr/revised-handbook-policies/post-exposure-waiver-to-serologic-testing.docx)

[Request to Hold Serum for Serologic Testing for HIV/HBV](https://aurora.edu/au/documents/hr/revised-handbook-policies/request-to-hold-serum-for-serologic-testing.docx)