

Bloodborne Pathogens Exposure Control Plan

MAY 1992

(Revised February 2016)

Environmental Health and Safety
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INTRODUCTION

This Exposure Control Plan (ECP) is intended to serve as the Oakland University (OU) guide to the MIOSHA Standard Part 554. "Bloodborne Infectious Disease", which requires, as a central component, the development and issuance of an Exposure Control Plan.

The information contained in this publication is not considered a substitute for the Michigan Occupational Safety and Health Act of 1974 or any provisions of MIOSHA Standards. It provides general guidance on the MIOSHA Bloodborne Infectious Diseases Standard, but should not be considered the legal authority for compliance with MIOSHA requirements. Rather, the reader should consult the MIOSHA standard in its entirety and/or OU's Environmental Health and Safety Office (EHS) for specific compliance requirements.

The Exposure Control Plan includes:

- Determination of employee exposure
- Methods of controlling exposure, including:
 - Universal Precautions and Work Practice Controls
- Engineering Controls and Personal Protective Equipment
- Biohazardous Waste
- Contaminated Equipment
- Cleaning up spills
- Hepatitis B Vaccination
- Exposure Incident Response and Follow-up
- Employee Training
- Recordkeeping
- Conditions for working with HIV or Hepatitis Viruses in a laboratory

Employees covered by the bloodborne standard receive an explanation of this ECP during their initial training session. It will also be reviewed in the annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the responsible person(s) identified in Table 1. If requested, those individuals will provide their employees with a copy of the ECP free of charge and within 15 days of the request.

The responsible person(s) identified in Table 1 are responsible for reviewing the ECP annually, or more frequently if necessary, to identify 1) any new or modified tasks and procedures which affect occupational exposure and 2) any new or revised job classifications that present occupational exposure.

PROGRAM ADMINISTRATION

The individuals found in Table 1 below are currently responsible for the implementation of the ECP in their respective departments. These individuals are responsible to:

- Maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and biohazard bags as required by the standard.
- Ensure that all medical actions (e.g., follow-ups, etc.) are performed.
- That appropriate employee health and compliance related records are maintained either with University's Human Resources (UHR) or at the Graham Health Center (GHC) and the information maintained includes:
 - A copy of the employee's Hepatitis B Vaccination Status
 - A copy of all results from medical testing, examinations and follow-up procedures
 - The employer's copy of the physician's written opinion
 - A copy of the information provided to the physician as required by R 325.70013(6)

Ensure that training is provided through EHS or an EHS recognized training program, is documented, and is available for review.

Ensure that the written ECP is available to employees, and authorized representatives of regulatory agencies.

Review the ECP (and submit updated information as necessary to EHS) at least annually, and/or whenever necessary to include new or modified tasks and procedures

**Table 1:
Individuals Responsible for Implementing the ECP in their Departments**

Department	Position(s)	Responsible Individual(s) (as of February 2016)	Telephone Extension(s)
Athletics	Head Athletic Trainer Asst. Dir. Facilities & Ops	Claire Coates Claire Coates	coates@oakland.edu
Biological Services	Laboratory Manager	Kathleen Lesich	4462
Campus Cleaning	Supervisors	Constance Jones	2388
Campus Recreation	Asst. Dir., Campus Progs. Ass. Dir., Aquatics	Rebecca Lewis Todd Welscott	4910 4533
Chemistry	Asst. Laboratory Manager	Marcee Daly Andrea Jones	2330
Eye Research Institute	Asst. to the Director	Jacqueline Hencsie	2391
Graham Health Center	Director	Nancy Jensen	4375
Grounds/Vehicle Maint.	Supervisor	Randy Drewry	2413
Biomedical Research Support Facility (BRSF)	Manager	Janet Schofding	4440
Lowry Early Childhood Center	Director	Julie Ricks-Doneen	4107
Meadow Brook Hall	Facility Operations Manager	Nicole Thomas	6209
Electrical and Plumbing	Foreman	Kevin McDougall	2397
Oakland Center	Asst. Director Operations	Jason VanBuskirk	2899
Police Department	Sergeant	Steven O'Neill	3331
Psychology	Professor	Todd Shackelford	2285
Residence Halls	Custodial & Maintenance Managers	Frank Moss Karen Pipitone	4061 3570
School of Education	Coordinator of Field Services	Sharon Hiller	3083
School of Health Sciences	Director Exercise Science Assoc. Professor, Exercise Science Assoc. Professor, Exercise Science Asst. Professor, Biomed Diag. Science	Brian Goslin Charles Marks Tamara Hew Kristin Landis-Piwowar	8688 4539 8686 8692
School of Medicine	Asst. Professor of Biomedical Sciences	Samia Ragheb	3672
School of Nursing	Interim Associate Dean Nursing Laboratory Manager (to report to Interim Associate Dean)	Deana Hays Patricia Ketcham	4484 4066
All Science and Research Departments	Laboratory Compliance Manager	Domenico Luongo	4314

EMPLOYEE EXPOSURE DETERMINATION

Table 2 below identifies those OU job classification (i.e., positions) for which ALL employees who hold those positions risk occupational exposure to Bloodborne Pathogens (without regard to the use of personal protective clothing or equipment):

Table 2: Job Classifications for which ALL* employees Risk Occupational Exposure	
Job Classification	Department(s)
Bear Bus Driver	University Housing
Clinical Faculty	School of Nursing School of Medicine
Custodian	Campus Cleaning Meadow Brook Hall Oakland Center University Housing
Equipment Room Attendant (including laundry attendant)	Athletics Campus Recreation
First Responder (Lifeguards, Facility, Supervisors, Building Managers, Club Sport Supervisors, Security Staff) Secondary Responders (IM Supervisor, Fitness Assistant, Member Service Assistant)	Athletics Campus Recreation Meadow Brook Hall Oakland Center
Groundskeeper	Grounds Maintenance
Vehicle Maintenance Mechanic	Meadow Brook Hall
Laboratory Compliance Manager (EHS)	All Science and Research Departments
Nursing Laboratory Manager	School of Nursing
Child Care Worker/Teacher	Lowry Child Care Center School of Education – Center for Autism
Director of Graham Health Center Nurse Practitioner Nurse, Registered Medical Assistant II, III	Graham Health Center
Phlebotomist/Venipuncturist	School of Health Sciences (Med Lab Science and Exercise Science)
Physician Physician Assistant	Graham Health Center
Plumber	Mechanical Maintenance University Housing
Police Officer	Police Department
Student Intern	Health Sciences (Med Lab and Exercise Sciences) School of Education School of Nursing
Trainer	Athletics Campus Recreation Sports Medicine Staff Strength and Conditioning Staff
Vehicle Maintenance Personnel	Grounds Maintenance Department

*Regardless of whether part or full-time, permanent or temporary

Table 3 below identifies those OU job classifications for which SOME employees who hold those positions risk occupational exposure to Bloodborne Pathogens (and some may not), without regard to the use of personal protective clothing and equipment:

Table 3: Job Classifications for which SOME employees Risk Occupational Exposure	
Job Classifications	Department
Directors, Managers and Supervisors	All Departments listed in Table 1
“Laboratory” Personnel [Includes Faculty, Instructors (adjunct, associate, part-time, temporary or visiting), Lab Technicians, Researchers, Research Assistants, Research Technicians, PI’s, Graduate Assistants, and Graduate Students]	Biological Sciences Biomedical Research Chemistry Eye Research Institute Engineering Health Sciences (Med Lab and Exercise Science) Biomedical Research Support Facility (BRSF) Physics Psychology School of Medicine School of Nursing
Student Employees	Athletics Campus Recreation University Housing School of Education All laboratory sciences list above

METHODS OF CONTROLLING EXPOSURE TO BLOODBORNE PATHOGENS

Universal Precautions

All OU employees will utilize “Universal Precautions”: a guideline developed by the Center for Disease Control (CDC) wherein all human blood or other potentially infectious body fluids are treated as if known to be infectious. A copy of these Universal Precautions is included in the Appendices of this document.

Work Practice Controls

In addition to personal protective equipment and engineering controls, “work practice controls” will be used to prevent or minimize exposure to bloodborne pathogens. The following are examples of “work practice controls”:

- After completing a task which may present an exposure to BBP, hands are always to be washed with soap and water immediately after removing personal protective equipment.
- If an “exposure incident” occurs (i.e., unprotected skin or mucous membrane contact with human blood or other potentially infectious materials (OPIM), the exposed area is washed with soap and water (or, in the case of eyes, flushed with an eyewash) for 15 minutes.
- Contaminated needles are never recapped – contaminated needles are placed immediately into a sharps safe container.
- A “count in, count out” process is advised. Employees are advised to count the number of syringes or sharps before beginning a process or procedure. Once a process or procedure is completed, the employee is advised to “count out” the syringes or sharps to ensure each syringe or sharp is accounted for and disposed of properly.
- Eating, drinking, smoking, applying cosmetics or lip balm, and/or handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall never be kept in/on refrigerators, freezers, shelves, cabinets, counter-tops or benches where human blood or other OPIM are present.
- All procedures involving blood or OPIM shall be performed in a manner as to minimize splashing, spraying, splattering, and generation of droplets.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.

Engineering Controls

Regulatory Overview: As of the April 18, 2001 amendments to the OSHA Bloodborne Pathogens Standard (revised in conformance with the requirements of the “Needlestick Safety and Prevention Act”), the term “Engineering Controls” means, controls, for example sharps disposal containers, self-sheathing needles or safer medical devices, such as sharps with engineered sharps injury protections and needless systems, that isolate or remove the bloodborne pathogen hazard from the workplace.” Examples of engineering controls provided in the Standard include the following: 1) devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens, such as blunt suture needles and plastic Mylar-wrapped glass capillary tubes; 2) safer medical devices such as sharps with engineering sharps injury protection or needless systems; and 3) approved sharps disposal containers.

These amendments further require OU to solicit input from its employees responsible for direct patient care in the identification, evaluation and selection of engineering (and work practice) controls; annually update the ECP to reflect that the university has implemented any/all new developments in control technology; and establish and maintain a log of injuries from contaminated sharps, which is maintained in the EHS Office electronically.

Engineering and Personal Protective Controls Used at OU

In accordance with the engineering control requirements of the Standard, Table 4 below documents the specific tasks that present occupational exposure to bloodborne pathogens, and the associated engineering controls and personal protective equipment required.

Table 4:
Tasks which MAY present BBP exposure and the PPE and Engineering Controls Used

Department	Tasks which MAY present Occupational Exposure	PPE and Engineering Controls Used	Location of PPE and Engineering Controls
Athletics	First Aid, Uniform & towel handling/cleaning	Sharps Safes, Gloves, Goggles, Biohazard Bags and Hampers	Aquatic Operations Office, Member Service Desk, Main Storage Closet
Biomedical Research Support Facility (BRSF)	Assisting medical personnel using sharps (including surgery), handling infectious animals	Gloves, Masks, Goggles, Lab Coats, Gowns, Shoe Covers, Biohazard Bags/Hampers, Sharps Safe, Biohazard Signs/Labels (posted at entrance to labs) and Autoclaves	Biomedical Research Support Facility
Biological Sciences	Laboratory work with human blood, blood products, tissues, body fluids, human cell lines, and human embryonic stem cells and cord blood. Culturing and harvesting of human cell lines. Flow cytometry utilizing human material. Histological sectioning of human material. Collection of human buccal cells. Dissection of human eyes.	Gloves, Masks, Goggles, Lab Coats, Biohazard Bags/Hampers, Sharps Safes, Biohazard Signs/Labels (posted at entrances to labs), Biological Safety Cabinets and Autoclaves	Each and every laboratory that handles biohazardous agents contains these items except for autoclaves which are centrally located in 320SEB. Lab Coats are issued to employees
Campus Cleaning	Restroom cleaning, trash removal, lab cleaning, GHC cleaning, cleaning after injuries/incidents involving blood/OPIM	Gloves, Biohazard Bags/Hampers, Goggles, and Sharps Safes	Campus Cleaning Supervisors Office, GHC and Custodial Carts
Campus Recreation	First Aid, Uniform & towel handling/cleaning, cleaning after injuries/incidents involving blood/OPIM	Gloves, Sharps Safe, Goggles, Biohazard Bags/Hampers	Aquatic Operations Office, Member Service Desk and Main Storage Closet
Chemistry	Laboratory work with human material, such as blood, body fluids and human cell lines, culturing and harvesting of human cell lines	Gloves, Goggles, Lab Coats, Sharps Safes, Laminar Flow Hood, Biohazard Bags/Boxes and Autoclaves	Each and every lab that handles biohazardous agents contains these items except for the autoclave which is centrally located in 204 SEB and biological safety cabinets located in 204 and 210 SEB. Lab coats are issued to employees.
Eye Research Institute	Laboratory work with human and non-human primate (NHP) eyes and eye tissue and cells. Culturing and harvesting of human and NHP cell lines and eye tissue cells. Histological sectioning of human and NHP eye tissue. Dissection of human eyes.	Gloves, Masks, Goggles, Lab Coats, Biohazard Bags/Hampers, Sharps Safes, Biohazard Signs/Labels (posted at entrances to labs), Biological Safety Cabinets and Autoclaves	Every laboratory that handles biohazardous agents contain these items except for the autoclave which is centrally located in 427 DHE
Graham Health Center	Blood draws, Handling Lab Specimens (e.g., blood, urine, etc.), Minor Office Surgeries, Office Procedures, Cleaning Exam and Treatment Rooms	Gloves, Masks, Goggles, Lab Coats, Gowns, Biohazard Bags/Hampers and "BD Eclipse" Blood Collection Needles	Exam and Treatment Rooms
Grounds Maintenance	Little Pick-up, Trash Container Bag Removal, Trash Removal	Gloves, Hand-held litter tool, Biohazard Bags/Hampers	BGM Building
Vehicle Maintenance	Cleaning vehicles contaminated with blood or OPIM	Gloves, Goggles	BGM Building

Table 4:
Tasks which MAY present BBP exposure and the PPE and Engineering Controls Used

Department	Task which MAY present Occupational Exposure	PPE and Engineering Controls Used	Location of PPE and Engineering Controls
Health Sciences – Exercise Sciences	CPR/ First Aid performed by Student Interns at Host Facilities; Venipuncture and finger-sticks performed in HHB teaching labs or occasionally in the field, collection of human sweat	Gloves, Goggles, Lab Coats, Self-sheathing Blood Collection Needles, Biohazard Bags/Hampers/Labels and Autoclaves	Host Facilities supply PPE onsite for interns; on-site PPE for venipuncture located in HHB teaching labs, or taken to field sites where tasks are being performed
Health Sciences – Medical Laboratory Science	Phlebotomy Instruction and Use of human blood for hematology, Immunohematology, Clinical Analysis (instructional purposes), Washing lab glassware, and Urinalysis in HHB teaching labs	Gloves, Goggles, Lab Coats, Self-sheathing Blood Collection Needles, Biohazard Bags/Hampers/Labels and Autoclaves	Each and every laboratory that handles human blood, blood products and OPIM contains these items including Phlebotomy Classrooms. Lab Coats issued to employees
Lowry Early Childhood Center	First Aid, CPR, Cleaning up blood, Injections and bites.	Gloves, Goggles, CPR Masks, Spill Kits, Biohazard Bag/Hampers and Sharps Safes	Kitchen and Custodial Closet
Meadow Brook Hall	Cleaning Restrooms, Trash Removal, Groundskeeping, First Aid	Gloves, Goggles, Sharps Safes and Biohazard Bags/Hampers	Breakroom, First Aid supplies in Powder Room Closet
Mechanical Maintenance	Plumbing and pipetting in high risk areas (e.g., restrooms and labs)	Gloves, Goggles	Police and Support Services Building
Oakland Center	Restroom Cleaning, Trash Removal, Cleaning after injuries/incidents involving blood, Trash Compaction	Gloves, Goggles, Masks, Disinfecting/Cleaning Agent, Sharps Safe and Biohazard Bags/Hampers	OC Maintenance Shop and Each Custodial Cart (except for hampers which are maintained in the Shop)
Police Department	Accident Investigation, Treating Injured Person(s), Processing Injured Victims or Injured Suspects, Person(s) or Vehicle Searches, Crime Scene Investigations, Evidence Processing, CPR/First Aid, Apprehending suspects in high risk groups who are resisting arrest, Delivering Babies, Crowd Control	Gloves, Goggles, Masks, CPR Masks (with valves), Sharps Safes, Biohazard Bags/Hampers/Labels	Police station and all Officer/Patrol units have all items (except for biohazard hampers and labels, which are located at the station)
Psychology	Handling saliva and human semen, Using sharps, Handling OPIM	Gloves, Goggles, Lab Coats, Sharps Safes, Biohazard Bags/Hampers/Signs	Each and every laboratory 109A Pryal Hall, where human material is handled contains these items. Lab Coats issued to employees
Residence Halls – Cleaning and Maintenance	Trash removal, Restroom Cleaning, Cleaning after injuries/incidents involving blood, Plumbing in high risk areas (e.g., restrooms and labs)	Gloves, Goggles, Sharps Safes, Biohazard Bags/Hampers	Custodial Carts and Assigned Rooms
School of Education	Student Interns assist with child injuries (e.g., First Aid/CPR)	As appropriate based in judgements of Host facilities	Host facilities supply onsite

Table 4:
Tasks which MAY present BBP exposure and the PPE and Engineering Controls Used

Department	Tasks which MAY present Occupational Exposure	PPE and Engineering Controls Used	Location of PPE and Engineering Controls
School of Education and Human Services – Center for Autism	First Aid, CPR, cleaning injuries/incidents involving blood, Injections and Bites	Gloves, CPR Masks, Spill Kits, Sharps Safe and Biohazard Bags/Hampers	Located in each instructional classroom and the main classroom
School of Medicine	Laboratory work with human blood or OPIM	Gloves, Goggles, Masks, Lab Coats, Self-sheathing blood collection system, Sharps Safes and Biohazard Bags/Hampers	Each and every laboratory in the School of Medicine where human material is handled contains these items. Lab Coats issued to employees.
School of Nursing	Clinical instruction and patient care operations that involve specialty clinic, research testing and/or counseling on University Owned or Leased Spaces	Provided at facility location	At facility location

Rules Governing Engineering Controls and Personal Protective Equipment

Selection: These responsible persons listed in Table 1 are required to consult with their staff to identify what engineering controls and personal protective equipment are necessary on an ongoing basis through employee communication, observation and annual EHS training sessions. EHS staff will also assist to ensure effective implementation of these recommendations.

Maintenance: Sharps disposal containers are inspected, maintained and replaced by the responsible persons identified in Table 1 as needed to prevent overfilling.

Training: Training in the use of the appropriate PPE for the tasks or procedures employees will perform is provided by the responsible persons (or their designees) identified in Table 1.

Personal Protective Equipment: All employees using PPE are required to observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated, and before leaving the work area
- Contaminated PPE should be disposed of in red biohazard bags
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Appropriate gloves include hypoallergenic, latex-free and/or vinyl gloves. "Baggy" gloves (as used by food service workers) are not meant for contact with blood or OPIM
- Utility gloves (not disposable) may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they are cracking, peeling, tearing, puncturing or show deterioration
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove any garment that has been contaminated by blood or OPIM-immediately, or as soon as possible, and in such a way to avoid further contamination to yourself or others

Exceptions to Use: If an employee decided against using PPE under rare and extraordinary circumstances (e.g., would have prevented delivery of health care or public safety services, or would have posed increased hazards to safety of employee), the employee is required to complete a "PPE Use Exception Form" and submit it to his/her supervisor. This form is then carefully reviewed by the employee's supervisor and EHS to determine whether changes could be instituted to prevent such occurrences in the future.

BIOHAZARDOUS WASTE

Contaminated sharps are managed as follows

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

All contaminated sharps are discarded immediately or as soon as possible into “Sharps Safes”, which are available in the locations identified in Table 4.

Contaminated laundry is managed as follows

Laundry that is or may be soiled with blood or OPIM or that may contain contaminated sharps shall be treated as if it were contaminated and shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with R 325.70014. If laundry is wet and presents the likelihood for soaking through or leaking from the bag, it shall be placed and transported in leakproof biohazard bags and hampers, which are available in the locations identified in Table 4.

Contaminated laundry can be sent out to laundry facilities in the area, and to laundry facilities who are willing and are able to handle biohazardous laundry. The Graham Health Center or EHS can provide the name(s) of current facilities who perform this function.

Contaminated laundry shall be handled as little as possible by OU employees, and never taken home for laundering.

Biohazard Bags, Hampers and Sharps Safes

Biohazard bags, hampers and sharps safes containing biohazardous waste must be:

- Maintained upright at all times
- Replaced routinely and not overfilled
- Placed in a closeable, leakproof container
- Hampers or boxes are to be lined with a red biohazard bag which must be tied or taped closed prior to securing the hamper or box
- Boxes must be taped closed and hampers must be snapped closed prior to removal to prevent spillage or protrusion of contents during handling

Biohazardous waste must be labeled with the appropriate hazard warning label:



Biohazard Waste Pick-Up

When biohazard waste containers become full or are ready for pick up, please contact EHS to schedule a pick-up. An "OU Medical Waste Internal Tracking Form" (<http://www.oakland.edu/upload/docs/labsafety/MedWasteform.pdf>) shall be completed for each "pick up" of waste regardless of the number of containers. EHS will review the manifest and keep two copies. Once this form is complete, please call EHS to schedule a pick-up. Medical waste is transported to the Phoenix Cage (located in the basement of GHC). If additional biohazard bags or hampers are needed at the time of the pick-up of waste, please notify EHS staff prior to scheduled pick-up, and additional supplies will be given. The biohazard bags and hampers are available at no charge and Sharps Safe can be ordered from most custodial/safety suppliers. Once a month, Daniel Sharpsmart, Inc., shall remove the hampers/sharps safe from the Phoenix Cage, and transport the waste to a licensed medical waste disposal facility.

CONTAMINATED EQUIPMENT

Responsible persons identified in Table 1 will ensure either a warning label is affixed to, or a red biohazard bag is used for, all biohazardous waste and/or contaminated equipment. If labels are not available in the department, the responsible person may contact the EHS for assistance in obtaining one.

Employees are to notify their supervisors and/or EHS if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper biohazard labels.

CLEANING UP SPILLS

Washable Surfaces

Contaminated equipment, floors, surrounding surfaces, etc. shall be cleaned up (in such a manner that spreading, splashing, etc. the material is prevented) while wearing gloves and goggles, using an appropriate disinfectant for hospital cleaning which includes sodium hypochlorite (bleach). To disinfect with bleach, use a ratio of ¼ to 2 ½ cups of bleach per 1 gallon of water (this solution is to be made daily in order to be fully effective and then discarded at the end of the workday), allowing 10 minutes for disinfection to occur; after which any/all contaminated waste is placed in the proper biohazard receptacles. Broken glassware must be picked up using mechanical devices ONLY, for example a brush/dust pan, tongs, forceps, etc.

Non-Washable Surfaces

Surfaces such as carpets, cloth chairs, etc. can be cleaned by using sanitary absorbent agents/body fluid absorbent powder and shall be used, left to dry and then the area must be vacuumed. Germicidal carpet shampoo is then applied and then area vacuumed again. Broken glassware must be picked up using mechanical devices ONLY, for example a brush/dust pan, tongs, forceps, etc., and then placed into a puncture-resistant box or container that can be closed properly and labeled as appropriate.

HEPATITS B VACCINATION

Note: According to MIOSHA R 325.70013, Rule 13

- (1) An employer shall assure that all medical evaluations are procedures that are performed by or under the supervision of a licensed physician or other licensed healthcare professional and that all laboratory tests are conducted by an accredited laboratory.
- (2) An employer shall assure that all evaluations, procedures, vaccinations, and post-exposure prophylaxis are provided without cost to the employee, at a reasonable time and place, and according to the current recommendations of the United States Public Health Service, unless in conflict with this rule.
- (3) An employer shall assure that all employees will receive appropriate counseling with regard to medical risks and benefits before undergoing any evaluations, procedures, vaccinations, or post-exposure prophylaxis.

Included in both new employee and annual refresher employee training will be comprehensive information regarding Hepatitis B Vaccinations, including information on the vaccinations safety, benefits, efficacy, methods of administration, and availability at no cost to OU employees. Training in this regard includes, but is not limited to, the following information:

Pre-Exposure Vaccinations

The Hepatitis B Vaccination series shall be made available at no cost to all “eligible” employees in Tables 2 and 3 (i.e. those employees for whose exposure to BBP’s is a primary function of their job descriptions), after training is completed and within 10 days of initial assignment.

Contraindications to Vaccination

Vaccinations are encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing (i.e. “titer”) reveals that the employee is immune, or 3) medical evaluation shows that the vaccination is contraindicated.

Declining the Vaccination

If an employee choose to decline the vaccination, the employee must sign a “Hepatitis B Declination Form” (found in the Appendices of this document). Employees who decline may request and obtain the vaccination at a later date at no cost to themselves (assuming their occupational responsibilities continue to present risk of exposure). Completed “Hepatitis B Declination Forms” are maintained in the EHS Office. Vaccinations are provided at OU’s Graham Health Center or the employee’s facility of choice.

Post-Exposure Vaccinations

For those employees whose exposure to BBP’s (generally via first aid/CPR) is a collateral function of their job descriptions (e.g. coaches, trainers, day care professionals, etc.), the Hepatitis B Vaccination is not offered free of charge until AFTER these employees are involved in an incident where human blood or OPIM is present (regardless of whether an exposure incident occurred); these vaccinations are highly effective if administered within 1 to 7 days of the incident.

EXPOSURE INCIDENT RESPONSE AND FOLLOW-UP

Exposure Incident – First Response

Should an “exposure incident” occur (i.e. unprotected skin, eye or mucous membrane contact human blood or OPIM), the employee shall contact the responsible person identified in Table 1 from his/her department and/or EHS. The employee will have access to or be provided a Bloodborne Pathogens Post-Exposure Packet (found in the Appendices of this document). Following IMMEDIATE first aid (cleaning the wound with soap and water, flushing eyes or other mucous membranes for 15 minutes), this person shall perform the following activities:

1. Ensure that the employee goes to a hospital emergency room within 2 hours of the incident in order to obtain anti-viral drugs and baseline blood testing. NOTE: If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample must be preserved for 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, testing shall be performed as soon as possible.
2. Ensure that, when it is convenient and reasonable, the employee documents several pieces of critical information (preferably in time to show to treating physician), using OU's Exposure Incident Report Form (found in the Appendices of this document and included in the Bloodborne Pathogens Post-Exposure Packet).

This Exposure Incident Report Form requests the following information (and shall be used by EHS to evaluate the circumstances of the incident, generate ideas for prevention, modify the ECP, etc.):

- Engineering controls in use at the time
 - A description of the activity that preceded the exposure incident
 - Protective equipment or clothing that was used at the time of the incident
 - Location of the incident
 - Procedure being performed when the incident occurred
 - Route of Exposure
3. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law). Obtain consent (using the “Authorization to Have Blood Drawn and Analyzed for Presence of Viral Infection – Source Individual Consent Form”, found in the Appendices of this document and the Bloodborne Pathogens Post-Exposure Packet) and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV infectivity; and document that the source individual's test results were conveyed to the employee's health care provider. Ensure that the exposed employee is provided with the source individual's test result and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. confidentiality laws).

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Employer Responsibilities

EHS and/or responsible persons identified in Table 1 are required to ensure that any/all health care professionals responsible for follow-up care (following an exposure incident and initial testing/treatment) are provided with the following information:

- A copy of the (completed) Exposure Incident Report Form
- A copy of MIOSHA's Bloodborne Infectious Diseases Standard (Part 554)
- Results of the Source Individual blood test (when possible)
- Relevant employee medical records, including vaccination status

Written Opinions

The employee should then receive a copy of Health Care Professional(s) written opinion within 15 days after completion of the evaluation.

Follow-Up Care

Any/all follow-up testing, treatment, counseling, etc. shall be funded by Oakland University (department); employees shall bear none of the cost whatsoever.

EMPLOYEE TRAINING

When and How Often

All employees who have occupational exposure to bloodborne pathogens receive training before they conduct any activities which could pose exposure to BBP's and annually thereafter.

Who Conducts Training

BBP Exposure Control Training for new employees and annual refresher training is conducted by responsible persons identified in Table 1 or a qualified designee(s). These "trainers" were all trained and examined by representatives of EHS (or a qualified designee), and have had a reasonable amount of hands-on experience understanding, applying and implementing the MIOSHA Bloodborne Infectious Diseases Standard (Part 554).

Elements of Training

Included in the training is/are the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at minimum, the following elements:

- Access to a copy of the standard and relevant explanations
- Detailed information on HBV, HCV and HIV (signs, symptoms, treatments, etc.)
- Explanation of OU's ECP and how to obtain a copy
- Explanation of methods to recognize tasks and other activities that may involve exposure to blood or OPIM, including what constitutes an exposure incident
- Explanation of the use/limitations of engineering controls, work practices and PPE
- Explanation of the basis, types, uses, location, removal, handling, decontamination, and disposal of PPE
- Information on the Hepatitis B Vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- Explanation of the procedure to follow if an exposure incident occurs
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- Explanation of signs, labels and color coding required by the Standard and used at OU
- An opportunity for interactive questions and answers with the trainer

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be maintained by EHS for at least three years. Training records include for each employee and a "Declaration Form" which documents the following information on the "Declaration Form":

- Employee Name and Job Title/Classification
- Date of Training
- Contents or a summary of the training
- Name and Qualifications of persons conducting the training
- Whether the employee accepted or declined the Hepatitis B Vaccination (a SEPARATE "Hepatitis B Declination Form" provided to all who decline)

Employee training records are provided upon request for examination and copying to the employee or the employee's authorized representative and the director (MIOSHA) within 15 working days in accordance with the Occupational Health Standard Part 470 "Employee Medical Records and Trade Secrets". Such requests should be addressed to EHS.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with MIOSHA Part 554 R 325.70015; Rule 15(9). "Recordkeeping." UHR is responsible for maintenance of the required medical records for at least the duration of employment plus 30 years.

Exposure Incident Evaluation Records

After an exposure incident (and the associated "Exposure Incident Report Form") has been evaluated, and any additional program modifications have been placed into effect, any employee can locate these records and modifications in the EHS Office.

In accordance with MIOSHA's Standard "Recording and Reporting of Occupational Injuries and Illnesses" (Part 11.) and MIOSHA's "Bloodborne Infectious Diseases" (Part 554.), EHS will maintain exposure incident reports and sharps injury reports electronically and EHS will maintain these records in a manner that protects the confidentiality of the injured employee(s).

CONDITIONS FOR LABS WORKING WITH HIV AND HEPATITIS VIRUSES

Working in HIV and Hepatitis Virus “Production Facilities”

“Production facility” is defined by OSHA as a facility “engaged in industrial-scale, large-volume or high concentration production, concentration, experimentation and manipulation of HIV or Hepatitis Viruses”. Does NOT apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues or organs).

Working in HIV and Hepatitis Virus “Research Laboratories”

Laboratories that “engaged in the culture, production, concentration, experimentation and manipulation of HIV or Hepatitis Viruses”, does NOT apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues or organs.

Minimum Requirements for Laboratories Engaging in HIV or Hepatitis Virus Research

Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

An autoclave for decontamination of regulated waste shall be available.

All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving, known to effectively destroy bloodborne pathogens.

Special Practices

Lab doors shall be kept closed when working with HIV or HBV is in progress.

Contaminated materials that are to be decontaminated at a site away from the area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazards, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work area.

When other potentially infectious materials or infected animals are present in the work area or contaminated module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors.

All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module; never on the open bench.

Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

Special care shall be taken to avoid skin or mucous membrane contact with OPIM – Use gloves and goggles.

Before disposal, all waste from work areas and from animal rooms shall be decontaminated by a method, e.g., autoclaving, known to effectively destroy BBPs.

Vacuum lines shall be protected with liquid disinfectant traps and high efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposal syringe-needle units shall be used for the injection or aspiration of OPIM.


Extreme caution shall be used when handling needles and syringes. A needle shall NOT be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

All spills or accidents that result in an exposure incident shall be immediately reported to the responsible persons identified in Table 1 or a qualified designee(s), the Laboratory Compliance Manager and/or an EHS Representative.

Employees are required to reference the Oakland University Biosafety Manual for instructions on practices and procedures for work with HIV or Hepatitis viruses, and follow these procedures. Additionally, an application for use with any infectious agents (excluding clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues or organs) must be submitted to the Oakland University Biosafety Committee; and activities may not commence until the Committee has approved the research activated in writing.

Signs

The Principle Investigator (PI) or Laboratory Supervisor shall complete and post the following sign(s) (available through EHS) at the entrance at all HIV and/or Hepatitis virus research labs:


[Name of infectious agent]
[Special requirements for entering the area]
[Name and telephone number of the laboratory director or other responsible person]

Contaminated Equipment

Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills or aerosols.

Biological safety cabinets shall be certified upon installation, whenever the cabinets change locations and at least annually.

Training Requirements

Additional training for employees who will be working in HIV and HBV or research laboratories shall receive the following training in addition to the general training.

Employees must demonstrate proficiency in standard microbiology practices and techniques and operations specific to the facility before being allowed to work with HIV or HBV.

Employees must have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

Employees (through their supervisors, EHS or the OGCSR) must arrange for a training program if/when they have no prior experiences in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. Employees may not participate in work activities involving infectious agents until proficiency has been demonstrated.

APPENDICES

Appendix A: Blank Forms

- BBP Training and HBV Vaccination Declaration Form – Oakland University
- BBP Training and HBV Vaccination Declaration Form – School of Nursing
- HBV Vaccination Declination Form
- Post-Exposure Incident Checklist
- Authorization for Employee To Seek Medical Treatment
- Bloodborne Pathogen Exposure Incident Report Form
- Sharps Injury Incident Report
- Authorization to Have Blood Drawn and Analyzed for Presence of Viral Infection – Source Individual Consent Form
- PPE Exception Form
- Research Activities Involving Direct Manipulation of Bloodborne Pathogens – Report Form
- “Pre-Exposure” Hepatitis B Vaccination Status Form

Appendix B: Universal Precautions

- Reference article “Standard Precautions in Health Care”
- Spill Clean-Up Reference Guide
- Additional References
 - MIOSHA Part 33. Personal Protective Equipment
 - EPA Registered Disinfectants

Appendix C: Regulatory References

- MIOSHA Bloodborne Infectious Diseases Standard (Part 554)
- OSHA Standard 29 CFR 1910.1030. Bloodborne Pathogens
- Michigan Medical Waste Regulatory Act
- Medical Waste Producing Facilities – Administrative Rules

APPENDIX A: BLANK FORMS

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- PPE Exception Form
- Research Activities Involving Direct Manipulation of Bloodborne Pathogens – Report Form
- “Pre-Exposure” Hepatitis B Vaccination Status Form

Name _____

Job Classification _____

Training Date _____

Department _____

TRAINING: I hear by certify that I have received training in bloodborne pathogens exposure control. This training included providing me a copy of the BBP Exposure Control Standard, and an explanation of the following: OU's Exposure Control Plan and how to obtain a copy; details regarding transmission, signs, symptoms, and prognoses of common BBP viruses (i.e., HBV, HCV and HIV); common methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious material (OPIM), including what constitutes an exposure incident, the use and limitations of engineering controls, work practices and personal protective equipment (PPE); the types, uses, location, removal, handling, decontamination and disposal of PPE; the basis for PPE selection; the hepatitis b vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered free of charge under certain circumstances; the appropriate actions to take and persons to contact in an emergency involving blood or OPIM; the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available, information on the post-exposure evaluation and follow-up that OU is required to provide me following an exposure incident; the signs and labels and/or color-coding required by the BBP Standard and OU. I further certify that I was provided ample opportunity for interactive questions and answers with the person(s) conducting the training session.

The training was provided to me by "qualified" personnel as follows: General information regarding BBP viruses and exposure control was provided to me by OU's Environmental Health and Safety Office, either in person or via a handout generated by EHS and provided me by my supervisor. This EHS training staff has had extensive formal training in, and experience with, interpreting and implementing the BBP Standard, and designing and providing training in this area. Site-specific information, regarding BBP exposure control in my department as it relates to the occupational activities I perform, was subsequently provided me by my supervisor (who received his/her guidance, training and handouts directly from the EHS Office).

HEPATITIS B VACCINATION: While the HBV vaccine is well tolerated by most people, and provides significant protection against acquiring HBV-related illnesses, vaccination has some inherent risks (including, but not limited to, swelling, reddening, post injection soreness, body fatigue, headache, muscles or joint soreness), as well as some medical contra-indications (including, but not limited to, high blood pressure, allergies to yeast/mold, pregnancy), so I understand that my health care professional (in conference with myself) shall decide and document whether it is safe for me to obtain the HBV vaccination.

I have read each option below and understand each of them. I have selected ONE option by placing a ✓. I also understand that I may change my mind at any time. Finally, if I select option 2 below, I understand that I must also complete a SEPARATE Hepatitis B Declination Form.

Option 1: _____ I would like to have OU pay for my HBV vaccination series; I understand that MIOSHA requires me to begin the immunization process within 10 calendar days of accepting this vaccination.

Option 2: _____ I declined to have OU pay for my HBV vaccinations because (place a ✓ in the appropriate blank below).

a) <input type="checkbox"/> I have already been immunized; OR	b) <input type="checkbox"/> I would like OU to pay for the antibody test (i.e., "titer") performed before deciding; OR
c) <input type="checkbox"/> cost of said immunization is 100% funded by another source (e.g., medical insurance); OR	d) <input type="checkbox"/> personal reasons

I understand that if I select this option, I must also complete a SEPARATE Hepatitis B Declination Form.

Option 3: _____ Based on my OU job classification (identified above), my "PRIMARY" occupational duties do not present "reasonably anticipated exposure to blood or OPIM", and I am therefore not eligible to receive "pre-exposure" hepatitis b vaccination funding. I understand, however, that should I be involved in any occupational incident that involves human blood or OPIM (regardless of whether "exposure" occurs), I am then eligible to receive (at no cost) an accelerated series of hepatitis b vaccinations, which should begin within 24 hours, but up to 7 calendar days, after the incident. Note: Those who are required, encouraged and/or allowed to provide first-aid on campus as a "collateral" job responsibility (e.g., athletic coaches) who select this option.

SIGNED: _____

DATE: _____

[Requires signature of Legal Guardian if under age 18 – print words "legal guardian" next to signature if applicable.]

Name _____ Training Date _____

Job Classification [PLEASE CHECK ONE]: _____ Learning Resource Lab Instructor _____ Clinical Instructor
 _____ Other (specify here) _____

TRAINING: I hereby certify that I have received training in bloodborne pathogens exposure control. This training included providing me a copy of the BBP Exposure Control Standard, and an explanation of the following: OU's Exposure Control Plan and how to obtain a copy; details regarding transmission, signs, symptoms and prognoses of common BBP viruses (i.e., HBV, HCV, HIV); common methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious material (OPIM), including what constitutes and exposure incident, the use and limitations of engineering controls, work practices and personal protective equipment (PPE); the types, uses, location, removal, handling, decontamination and disposal of PPE; the basis for PPE selection; the hepatitis b vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered free of charge under certain circumstances; the appropriate actions to take and persons to contact in an emergency involving blood or OPIM; the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available; information on the post-exposure evaluation and follow-up that OU is required to provide me following an exposure incident; the signs and labels and/or color-coding required by the BBP Standard and OU. I further certify that I was provided ample opportunity for interactive questions and answers with the person(s) conducting the training session.

The training was provided to me by "qualified" personnel as follows: General information regarding the BBP Exposure Control Standard, transmission and signs/symptoms of common BBP Viruses (e.g., HBV, HCV and HIV) was provided to me by either in person, and/or via live instruction, video-tape, or handout, by a Nursing Department faculty member (in conjunction with OU's Environmental Health and Safety Office (EHS)). The EHS Office training staff has had extensive formal training in, and experience with, interpreting and implementing the BBP Standard; likewise Nursing Department faculty members, based on the nature of their nursing educations, are naturally well versed in BBP Exposure Controls. I further understand that the responsibility for site-specific training (as it relates to the actual duties I perform at my site(s) of employment) is/was the responsibility of similarly qualified nursing administration/supervisors at the facilities at which I perform these duties.

HEPATITIS B VACCINATION: While the HBV vaccine is well tolerated by most people, and provides significant protection against acquiring HBV-related illnesses, vaccination has some inherent risks (including, but not limited to, swelling, reddening, post-injection soreness, body fatigue, headache, muscle or joint soreness), as well as some medical contra-indications (including, but not limited to, high blood pressure, allergies to yeast/mold, pregnancy), so I understand that my health care professional (in conference with myself) shall decide and document whether it is safe for me to obtain the HBV vaccination.

I have read each option below and understand each of them. I have selected ONE option by placing a ✓. I also understand that I may change my mind at any time. Finally, if I select option 2 below, I understand that I must also complete a SEPARATE "Hepatitis B Declination Form".

Option 1: _____ I would like to have OU pay for my HBV vaccination series; I understand that MIOSHA requires me to begin the immunization process within 10 calendar days of accepting this vaccination series.

Option 2: _____ I declined to have OU pay for my HBV vaccination because (place a ✓ in appropriate blank below).

a) <input type="checkbox"/> I have already been immunized; OR	b) <input type="checkbox"/> I would like OU to pay for the antibody test (i.e., "titer") performed before deciding; OR
c) <input type="checkbox"/> cost of said immunization is 100% funded by another source (e.g., medical insurance)	d) <input type="checkbox"/> person reasons

I understand that if I select option 2, I must also complete a separate Hepatitis B Declination Form.

Option 3: _____ Based on my OU job classification (identified below), my occupational duties do not present "reasonably anticipated exposure to blood or OPIM", and I am therefore not eligible to receive "pre-exposure" hepatitis b vaccination funding, I understand, however, that should I be involved in any occupational incident that involves human blood or OPIM (regardless of whether "exposure" occurs), I am then eligible to receive an accelerated series of hepatitis b vaccinations, which should begin within 24 hours (but up to 7 days) after the incident.

SIGNED: _____ DATE: _____

[Requires signature of Legal Guardian if under age 18 – print words "legal guardian" next to signature if applicable.]

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

[Wording direct from 29 CFR's Appendix to Section 1910.1030-Hepatitis B Declination (Mandatory)]

Name (Printed) _____

Department _____

Job Classification _____

Signature _____

[Requires signature of Legal Guardian if under age 18 – print words “Legal Guardian” next to signature if applicable]

The following steps must be taken, and information provided, in the event of an employee's exposure to blood or other potentially infectious material.

Date of Exposure Incident _____

ACTIVITY	COMPLETION
• Contaminated area was washed with soap and water (or eyewash if the eye) for at least 15 minutes.	_____
• Employee transported to emergency room within 2 hours of incident for anti-viral drugs (following washing/flushing described above).	_____
• Employee furnished with documentation regarding exposure incident.	_____
• The following documentation was forwarded to a Healthcare Professional who is evaluating employee:	
○ Bloodborne Pathogens Standard	_____
○ Exposure Incident Report	_____
○ Employee's medical records	_____
• Source Individual:	
○ Identified OR it was determined that ID was not feasible (circle one)	_____
○ Authorization to collect blood requested	_____
○ Blood tested OR authorization refused (circle one)	_____
• Source individual's blood results given to exposed employee	_____
• Employee informed that any/all follow-up care shall be at no cost to him/her	_____

THIS EMPLOYEE IS REFERRED TO YOU FOR THE FOLLOWING ILLNESS/INJURY:

Name of Injured _____ Grizzly ID. _____
(Last) (First) (Middle Initial)

Department _____ Telephone Number _____

Date of Illness/Injury _____ Time of illness/injury _____

Description of illness/injury _____

Department chair or supervisor's signature _____ Date _____

Department Name _____ Phone _____

In my judgement, the above condition ☐ *did* or ☐ *did not* arise of and in the course of my employment at Oakland University. I understand that medical information regarding this condition will be given to my supervisor and/or the Staff Benefits Office. I agree to be responsible for payment if the condition is determined not to be work-related.

Employee Signature _____ Date _____

ATTENDING PHYSICIAN'S REPORT

Date _____ Time-In _____ Time-Out _____

1. When did you first see this employee? _____
2. Do you believe this illness/injury to be job-related? ☐ YES ☐ NO ☐ UNCERTAIN (explain) _____
3. What is the diagnosis? _____
4. Does this illness/injury cause disability from work? ☐ YES ☐ NO
5. If disabled, can work restrictions be applied to allow employee to return to work immediately?
☐ YES ☐ NO If yes, identify restrictions
☐ One-hand job (☐ Left or ☐ Right) ☐ Dry work ☐ Clean atmosphere ☐ No lifting over _____ pounds
☐ No pushing or pulling ☐ Cool atmosphere ☐ Other _____
6. How long should these restrictions exist? _____
7. If the employee is unable to immediately return to work in any capacity, when do you expect him/her to return? _____
8. Should employee return for follow-up examination/treatment? ☐ YES ☐ NO When? _____
9. What type and frequency of treatment have you provided? _____
10. Did the illness/injury require hospitalization? ☐ YES ☐ NO
11. Refer to Crittenton Medical Center? ☐ YES ☐ NO
12. Additional remarks _____

Physician's Signature _____ Date _____

Please forward this completed form to: Staff Benefits Office • 403 Wilson Hall

Name of Employee: _____ Grizzly ID: G_____

Date of Incident: _____ Time of Incident: _____ am/pm

Job Site/Location: _____ Department: _____

Job Description (Description of General Duties): _____

Potentially Infectious Material Involved (e.g. blood, etc.): _____

Source of Potentially Infectious Material (e.g. needle-stick, cut, bite, etc.): _____

Circumstances Surround Exposure Incident (e.g. work being performed, etc.): _____

Route of Exposure (e.g. under the skin, unprotected skin, eyes, mouth, etc.): _____

How the Exposure occurred (e.g. equipment malfunction, human error, etc.): _____

Personal Protection Equipment work at time of Incident: _____

Actions Taken at time of Incident (e.g. soap/water clean-up, reporting to supervisor, etc.): _____

Recommendation for avoiding repetition: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Classification (check one): ☐ Faculty ☐ Post Doc ☐ Grad Student ☐ Undergrad Student
Other (explain): _____

Department: _____ Laboratory Supervisor: _____

Date filled out: _____ Date of Injury: _____ Time of Injury: _____

Where did the injury take place? Building: _____ Room Number: _____

Description of the exposure incident: _____ _____ _____ _____ _____

Procedure: <input type="checkbox"/> Draw venous blood <input type="checkbox"/> Not Applicable <input type="checkbox"/> Draw arterial blood <input type="checkbox"/> Unknown <input type="checkbox"/> Injection <input type="checkbox"/> Other: _____ _____	When did the exposure occur: (check all that apply) During the use of sharp _____ Disassembling _____ Between steps of a multistep procedure _____ After use and before the disposal of sharp _____ While putting sharp into disposal container _____ Sharp left in an inappropriate place _____ Other: _____
--	--

Body Part (check all that apply): <input type="checkbox"/> Finger <input type="checkbox"/> Face/Head <input type="checkbox"/> Hand <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Other: _____ _____	Identify Sharp Involved: Type: _____ Brand: _____ Model: _____ e.g., 18g needle/ABC Medical/ "No Stick" Syringe	Did this device being used have engineering sharps injury 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
---	--	---

Question 1: If the sharp did not have an "engineered sharps injury" device on the sharp, do you have an opinion on whether this mechanism would have prevented this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____ _____	Question 2: Do you have an opinion that other engineering, administrative, or work practice controls could have prevented this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____ _____
---	--

1. Individual's Name _____

Date of Birth _____

2. I authorize _____ (Name of Health Care Facility to draw and analyze my blood for the presence of viral (i.e., HBV or HIV) infection.

3. I understand that the results of this analysis shall be made available to the individual who has been exposed to my blood (in addition to his/her health care provider) and maintained in that individual's CONFIDENTIAL medical records on file at OU.

4. I agree that a photocopy or facsimile of this authorization shall be valid as the original.

Signed (source individual)

Date

Parent or guardian (if individual is under 18 years of age)

Date

Name of Individual Completing Form _____

On (date) _____ I voluntarily and knowingly chose against wearing Personal Protective Equipment (PPE) even though I was aware that the task I was performing introduced a risk of exposure to Bloodborne Pathogens.

In my judgement, in this specific instance, obtaining/using PPE would have (check one):

_____ Prevented the delivery of health care or public safety services;

_____ Posed an increased hazard to the safety of a victim, myself or coworker(s); or

_____ Other, explain in the next paragraph.

Description of task I was performing, and detailed reason for choosing against PPE:

Suggestions for avoiding this situation in the future:

Signed _____

Date _____

Co-Signed Employee Supervisor _____

Date _____

“Manipulation”* Procedures (e.g., assay, culture, centrifuge, etc.)	Bloodborne Pathogens Being Manipulated	Location(s) Performed	Rec’d OU Biosafety Committee Approval (Date and PI Signature)

* “Manipulation” includes, but is not limited to, culturing, assaying, centrifuging, handling, pipetting, etc., of infectious organisms carried in human blood.



Department _____

[illegible]

APPENDIX B: UNIVERSAL PRECAUTIONS

- Reference article “Standard Precautions in Health Care”
- Spill Clean-Up Reference Guide

Additional References:

MIOSHA Part 33. Personal Protective Equipment

http://www.michigan.gov/documents/CIS_WSH_part33_34779_7.pdf

EPA Registered Disinfectants

List C: EPA’s Registered Antimicrobial Products Effective Against Human HIV-1 Virus

<http://www.epa.gov/sites/production/files/2015-10/documents/20151001-list-c.pdf>

List D: EPA’s Registered Antimicrobial Products Effective Against Human HIV-1 and Hepatitis B Virus

http://www.epa.gov/sites/production/files/2015-09/documents/list_d_hepatitisbhiv.pdf

List E: EPA’s Registered Antimicrobial Products Effective Against Mycobacterium tuberculosis Human HIV-1 and Hepatitis B Virus

http://www.epa.gov/sites/production/files/2015-09/documents/list_e_mycobact_hiv_hepatitis.pdf

List F: EPA’s Registered Antimicrobial Products Effective Against Hepatitis C Virus

http://www.epa.gov/sites/production/files/2015-09/documents/list_f_hepatitisc.pdf

Standard precautions in health care

Background

Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with health care. In addition to hand hygiene, the use of **personal protective equipment** should be guided by **risk assessment** and the extent of contact anticipated with blood and body fluids, or pathogens.

In addition to practices carried out by health workers when providing care, all individuals (including patients and visitors) should comply with infection control practices in health-care settings. The control of spread of pathogens from the source is key to avoid transmission. Among source control measures, **respiratory hygiene/cough etiquette**, developed during the severe acute respiratory syndrome (SARS) outbreak, is now considered as part of standard precautions.

Worldwide escalation of the use of standard precautions would reduce unnecessary risks associated with health care. Promotion of an **institutional safety climate** helps to improve conformity with recommended measures and thus subsequent risk reduction. Provision of adequate staff and supplies, together with leadership and education of health workers, patients, and visitors, is critical for an enhanced safety climate in health-care settings.

Important advice

- Promotion of a safety climate is a cornerstone of prevention of transmission of pathogens in health care.
- Standard precautions should be the minimum level of precautions used when providing care for all patients.
- Risk assessment is critical. Assess all health-care activities to determine the personal protection that is indicated.
- Implement source control measures for all persons with respiratory symptoms through promotion of respiratory hygiene and cough etiquette.

✓ Checklist

Health policy

- Promote a safety climate.
- Develop policies which facilitate the implementation of infection control measures.

Hand hygiene

- Perform hand hygiene by means of hand rubbing or hand washing (see detailed indications in table).
- Perform hand washing with soap and water if hands are visibly soiled, or exposure to spore-forming organisms is proven or strongly suspected, or after using the restroom. Otherwise, if resources permit, perform hand rubbing with an alcohol-based preparation.
- Ensure availability of hand-washing facilities with clean running water.
- Ensure availability of hand hygiene products (clean water, soap, single use clean towels, alcohol-based hand rub). Alcohol-based hand rubs should ideally be available at the point of care.

Personal protective equipment (PPE)

- ASSESS THE RISK of exposure to body substances or contaminated surfaces BEFORE any health-care activity. **Make this a routine!**
- Select PPE based on the assessment of risk:
 - clean non-sterile gloves
 - clean, non-sterile fluid-resistant gown
 - mask and eye protection or a face shield.

Respiratory hygiene and cough etiquette

- Education of health workers, patients and visitors.
- Covering mouth and nose when coughing or sneezing.
- Hand hygiene after contact with respiratory secretions.
- Spatial separation of persons with acute febrile respiratory symptoms.

Health-care facility recommendations for standard precautions

KEY ELEMENTS AT A GLANCE

1. Hand hygiene¹

Summary technique:

- Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry.

Summary indications:

- Before and after any direct patient contact and between patients, whether or not gloves are worn.
- Immediately after gloves are removed.
- Before handling an invasive device.
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.
- During patient care, when moving from a contaminated to a clean body site of the patient.
- After contact with inanimate objects in the immediate vicinity of the patient.

2. Gloves

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, nonintact skin.
- Change between tasks and procedures on the same patient after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

3. Facial protection (eyes, nose, and mouth)

- Wear (1) a surgical or procedure mask and eye protection (eye visor, goggles) or (2) a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

4. Gown

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove soiled gown as soon as possible, and perform hand hygiene.

5. Prevention of needle stick and injuries from other sharp instruments²

Use care when:

- Handling needles, scalpels, and other sharp instruments or devices.
- Cleaning used instruments.
- Disposing of used needles and other sharp instruments.

6. Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply source control measures:

- Cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

Health-care facilities should:

- Place acute febrile respiratory symptomatic patients at least 1 metre (3 feet) away from others in common waiting areas, if possible.
- Post visual alerts at the entrance to health-care facilities instructing persons with respiratory symptoms to practise respiratory hygiene/cough etiquette.
- Consider making hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses.

7. Environmental cleaning

- Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

8. Linens

Handle, transport, and process used linen in a manner which:

- Prevents skin and mucous membrane exposures and contamination of clothing.
- Avoids transfer of pathogens to other patients and or the environment.

9. Waste disposal

- Ensure safe waste management.
- Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.
- Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.
- Discard single use items properly.

10. Patient care equipment

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

¹ For more details, see: WHO Guidelines on Hand Hygiene in Health Care (Advanced draft), at: http://www.who.int/patientsafety/information_centre/ghhad_download/en/index.html.

² The SIGN Alliance at: http://www.who.int/injection_safety/sign/en/

1. Use Personal Protective Equipment (PPE):

Before you begin your clean-up, always protect yourself and apply your PPE. Gloves, masks and goggles can be worn, and depending on the severity of the spill, gowns and shoe covers can be provided.

2. Contain the Waste:

Cover the waste with disposable paper towels and/or the sand, cat litter, or commercial absorbent powder that can be found in the spill kit.

3. Disinfect the Area:

NOTE: Please use an EPA registered disinfectant. Bleach solutions **MUST BE** mixed daily.

MIX A FRESH CONTAINER of disinfectant to the recommended concentration. Using a spray bottle, saturate the absorbent material and surrounding area.

BLEACH: Chlorine bleach (5.25%) can also be used when prepared to a ratio of 2.5 cups of bleach for every 1 gallon of water and allow bleach mixture to dwell on surface for 10 minutes per application.

4. Remove Solid Waste and Clean the Area:

Remove the solid waste and absorbent material using additional paper towels, and a disposal scoop, small shovel or dust pan. Use care to prevent splashing or contact with other surfaces. Put the contaminated material in a plastic biohazard bag. Clean the area with disposable paper towel or mop, detergent, and water. Dispose of the paper towels and mop head in the biohazard bag.

5. Re-glove:

Dispose of the gloves in the biohazard bag and thoroughly wash hands with soap and running water for 20 seconds (ABC's twice) before putting on clean gloves.

6. Reapply Disinfectant:

Saturate the cleaned area with the disinfectant. Follow the manufacture directions for concentration, contact time and disinfection procedure.

NOTE: If bleach solution is used, allow to dwell on area for 10 minutes, then continue with clean up.

7. Clean Tools and Dispose of Waste:

Clean and disinfect any tools, or other—non disposable items used in the clean-up. Remove PPE and place into the biohazard bag.

APPENDIX C: REGULATORY REFERENCES

MIOSHA Standard Part 554. Bloodborne Infectious Diseases

http://www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf

OSHA Standard 29 CFR 1910.1030. Bloodborne Pathogens

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Michigan Medical Waste Regulatory Act - PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978 PART 138 MEDICAL WASTE

[http://www.legislature.mi.gov/\(S\(51fehcfy2aqfms55diiuzrui\)\)/documents/mcl/pdf/mcl-368-1978-12-138.pdf](http://www.legislature.mi.gov/(S(51fehcfy2aqfms55diiuzrui))/documents/mcl/pdf/mcl-368-1978-12-138.pdf)

Medical Waste Producing Facilities – Administrative Rules

http://w3.lara.state.mi.us/orr/Files/AdminCode/339_10317_AdminCode.pdf