BLOODBORNE PATHOGEN PROGRAM
OHS-0005

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CAUTION: UNLESS THE COPY NUMBER APPEARS IN RED INK, YOU HAVE AN UNCONTROLLED COPY!
1.0 PURPOSE

1.1 During the course of normal working activities, faculty, staff and students may be exposed to bloodborne pathogens when they:

- Treat injured or ill individuals who are infected with or carry a bloodborne pathogen;
- Handle blood and other potentially infectious materials during laboratory examinations or tests; or
- Clean-up spills of blood, blood products, vomitus, stool or other infectious materials (i.e., Indirect Incidental Exposure).

The purpose of this Bloodborne Pathogen Program is to ensure that affected University employees can identify and manage potential exposures to bloodborne pathogens. It is not only the intent of the University to fully comply with applicable environmental, health and safety standards and regulations, but also to improve the overall safety of KSU faculty, staff and students.

2.0 DOCUMENT CONTROL

2.1 Approvals: This procedure as well as all Environmental, Health and Safety (EH&S) procedures must be approved by the Manager, Occupational Health and Safety (MOHS).

Approved by: [Signature] Date: 10/20/2008
Manager, Occupational Health and Safety

2.2 Responsibility:

2.2.1 The Administrator of this procedure is the Manager, Occupational Health and Safety (MOHS). This includes updating / revising the procedure, arranging for typing and providing revised copies to the Master Copy Holder for distribution. The Administrator will establish a review schedule for this procedure so as to ensure that this procedure contains only the most current information relevant to occupational exposures to and environmental releases of bloodborne pathogens for employees.
2.2.2 The Master Copy Holder for this procedure is the Manager, Occupational Health and Safety (MOHS). He/she is responsible for ensuring that relevant elements of applicable quality control procedures governing policies, programs, procedures and checklists are being followed. This includes the preparation of revisions to this procedure, obtaining approvals, recording changes, distribution and compliance with other document(s).

3.0 DEFINITIONS

**Assistant Secretary:** The Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

**Blood:** Human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Clinical Laboratory:** A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**Contaminated:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry:** Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
**Director:** The Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

**Employer:** Kent State University

**Engineering Controls:** Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Control Officer:** Manager of Occupational Health and Safety

**Exposure Determination:** A listing of job titles and tasks where occupational exposure to bloodborne pathogens might occur. This determination will be made without regard to the use of personal protective equipment.

**Category I:** Employees who, through the course of their delegated work activities, are reasonably expected to come into contact with blood or other potentially infectious materials (OPIM). (See Appendix B)

**Category II:** Employees who may periodically or infrequently come into contact with blood or OPIM during the performance of their delegated work activities. This includes all employees not listed in Category I. (See Appendix B)

**Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Handwashing Facilities:** A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Indirect Incidental Exposure:** Exposure to blood and other infectious materials other than by direct exposure to a wounded or injured person who is infected with or carries a bloodborne pathogen. This type of exposure usually occurs during the clean-up of blood, blood products, or other infectious materials.

**Licensed Healthcare Professional:** A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
HBV: Hepatitis B virus.

HIV: Human immunodeficiency virus.

KSU: Kent State University

Needleless systems: A device that does not use needles for:

1. The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
2. The administration of medication or fluids; or
3. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials: Includes:

1. The following human body fluids:
   a. Semen,
   b. Vaginal secretions,
   c. Cerebrospinal fluid,
   d. Synovial fluid,
   e. Pleural fluid,
   f. Pericardial fluid,
   g. Peritoneal fluid,
   h. Amniotic fluid,
   i. Saliva in dental procedures,
   j. Any body fluid that is visibly contaminated with blood, and
   k. All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility: A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory: A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4.0 OBJECTIVE

4.1 With implementation of this Bloodborne Pathogen Program, KSU establishes the following programs, policies and procedures:

- An exposure determination will be made that lists the job titles and tasks with potential exposure to bloodborne pathogens (See Appendix B).
- Only those employees properly trained in the use of universal precautions shall be allowed to clean-up spills of blood and other potentially infectious materials;
- Bloodborne pathogen spill clean-up kits will be provided and stored in a predetermined location within each building. Contact your supervisor as to its location;
- KSU custodial service personnel and other affected employees will be trained in the use of universal precautions and the safe clean-up of spills of blood and other potentially infectious materials;
- KSU will provide access to the Hepatitis B vaccine through the University Health Service at no cost to KSU employees who are considered to have an occupational exposure to bloodborne pathogens (See Appendix B); and to those employees who have an exposure incident to bloodborne pathogens.

- Waste resulting from the clean-up of spills of blood and other potentially infectious materials shall be placed in a biological waste collection bag and taken to the DeWeese Health Center for proper disposal or disposed of according to local, state, and federal laws.
5.0 SCOPE

5.1 This Bloodborne Pathogen Program applies to all KSU faculty and staff:

- This program does not apply to faculty or staff working in or visiting the DeWeese Health Center. As faculty and staff working in the DeWeese Health Center are potentially more directly exposed to blood and blood products on a more intimate and regular basis, they will prepare and maintain a separate written program. It will be the responsibility of the University Health Services Director to prepare and maintain this separate written program.

- This program does not apply to Academic Laboratories that handles, store or process blood or other potentially infectious materials. It will be the responsibility of the Research Safety and Compliance Manager to prepare and maintain a separate written program.

6.0 RESPONSIBILITIES

6.1 Manager, Occupational Health and Safety

6.1.1 Manager, Occupational Health and Safety shall develop and oversee implementation of a written Bloodborne Pathogen Program. As such the Manager of Occupational Health and Safety will act as the Exposure Control Officer.

6.1.2 Manager, Occupational Health and Safety shall conduct routine evaluations of the workplace to ensure that the written Bloodborne Pathogen Program is being implemented and employees are acting in accordance with established procedures and exercising necessary protective measures.

6.1.2.1 Manager, Occupational Health and Safety shall conduct evaluations of the workplace to ensure that the current written program is effective.

6.1.2.2 Manager, Occupational Health and Safety shall regularly consult with employees to ascertain their views on the program’s
effectiveness and identify existing or potential problems.

6.1.3 Manager, Occupational Health and Safety shall prepare a written exposure determination that lists the job titles with potential exposure to bloodborne pathogens (See Appendix B).

6.2 Occupational Health and Safety

6.2.1 Occupational Health and Safety shall establish a written Bloodborne Pathogen Program. This program shall be accessible to all employees.

6.2.2 Occupational Health and Safety shall provide employees with information and training on the purpose and function of the Bloodborne Pathogen Program and ensure the necessary knowledge and skills to ensure compliance to established procedures.

6.3 UNIVERSITY HEALTH SERVICE PERSONNEL

6.3.1 University Health Service personnel will provide pre-exposure access to the Hepatitis B vaccine at no cost to KSU employees who are determined to have a risk of occupational exposure to bloodborne pathogens and are covered by this program (See Appendix B). Cost of the vaccine shall be the responsibility of the employee’s department.

6.3.2 University Health Service personnel will provide post-exposure access to the Hepatitis B vaccine at no cost to KSU employees who had an exposure incident to bloodborne pathogens and are covered by this program. Cost of the vaccine shall be the responsibility of the employee’s department.

6.3.3 University Health Service personnel will take in wastes resulting from the clean-up of spills of blood and other potentially infectious materials for off-site disposal with other solid and infectious wastes. Those campuses electing to use University Health Services must deliver the waste to the DeWeese Health Center for proper disposal.
6.4 FACILITY PERSONNEL

6.4.1 Facility personnel are expected to fully comply with applicable provisions of this Bloodborne Pathogen Program. This means that facility personnel will:

- Immediately notify KSU custodial staff when a spill of blood or other potentially infectious materials;

- When not directly involved in spill clean-up activities, KSU faculty, staff and students must stay out of the spill area until the spill has been cleaned up;

- KSU staff trained in the use of universal precautions will clean-up spills of blood and other potentially infectious materials using spill clean-up kits, located in a predetermined location within each building, and the procedure detailed in Appendix A. Contact your supervisor as to its location;

- Once a spill of blood or other potentially infectious materials has been cleaned up, the biological waste collection bag containing waste from the spill should be taken to the University Health Service (i.e., DeWeese Health Center) or by another method which is compliant with local, state and federal regulations for ultimate off-site disposal.

7.0 METHODS OF COMPLIANCE

7.1 General.

7.1.1 As noted above, this program does not apply to faculty, staff or students working in or visiting the DeWeese Health Center or the academic laboratories. It does apply to all other KSU faculty and staff. Specifically, this program applies to KSU faculty and staff engaged in cleaning up spills of blood and other potentially infectious materials. With rare exceptions, this should be custodial service employees only.
7.1.2 KSU will require faculty and staff to:

- Notify their supervisor when a spill of blood or other potentially infectious materials occurs;
- Stay out of spaces where a spill of blood or other potentially infectious materials has occurred;
- Do not re-enter the area where a spill of blood or other potentially infectious materials has occurred until custodial service personnel have completed clean-up activities; and
- Attend periodic Bloodborne Pathogen training sessions.

7.1.3 KSU will provide access to the Hepatitis B vaccine through the University Health Service at no cost to KSU employees who are determined to be at risk of occupational exposure to bloodborne pathogens (See Appendix B). The procedure for providing access to Hepatitis B vaccine is as follows:

7.1.3.1 Each KSU faculty and staff that are in Category I covered by this program must be given the opportunity to get the Hepatitis B vaccination prior to their first potential exposure to blood or other potentially infectious materials. This should be part of the initial employment process.

7.1.3.2 Each KSU faculty and staff that are in Category II covered by this program must be given the opportunity to get the Hepatitis B vaccination if they have an exposure incident to Hepatitis B during their work related duties.

7.1.3.3 KSU faculty and staff covered by this program wishing to get the Hepatitis B vaccination must independently schedule appointments with the University Health Service to get the shots. There are three (3) shots associated with this vaccination. The first shot is followed by a second shot one (1) month later and a third shot six (6) months later.

7.1.3.4 KSU faculty and staff covered by this program must take a copy of the Employee Consent / Declination form found in Appendix B.
with them to their first appointment. They will be asked to complete and sign this form prior to receiving the first vaccination shot.

7.1.3.5 KSU faculty and staff covered by this program who do not want to get the Hepatitis B vaccination, must complete the bottom portion of the Employee Consent / Declination form found in Appendix B and forward the completed form to the University Health Service so that it can be placed with their other medical records.

7.1.3.6 KSU management must prepare and submit written documentation to the Occupational Health and Safety Office indicating that they have offered their employees the opportunity to receive the Hepatitis B vaccination.

7.2 Employee Bloodborne Pathogen Requirements.

7.2.1 Whenever a spill of blood or other potentially infectious materials occurs, KSU faculty and staff are required to notify their supervisor.

7.2.2 KSU staff trained in the use of universal precautions shall clean-up spills of blood and other potentially infectious materials using the spill clean-up kits, located in a predetermined location within each building, and the procedure detailed in Appendix A. Contact your supervisor as to its location;

7.2.3 When spill clean-up activities are completed, KSU custodial service personnel, working with their supervisor, are required to take the collected wastes in a biological waste storage bag to the University Health Service (i.e., DeWeese Hall) for off-site disposal.

7.2.4 Whenever a spill of blood or other potentially infectious materials occurs, KSU faculty, staff and students are required to leave the spill area until clean-up activities have been completed.

7.2.5 Employees must attend initial and periodic bloodborne pathogens training sessions.
8.0 SYSTEM MAINTENANCE

8.1 The only equipment associated with this procedure are the spill clean-up kits stored in a predetermined location in each building. Contact your supervisor as to its location. It is the responsibility of the custodial services supervisor or assigned staff in each KSU building to periodically inspect and maintain these kits to ensure their readiness, if needed. This periodic inspection should be implemented and documented.

9.0 TRAINING

9.1 All KSU employees who work in spaces where spills of blood or other potentially infectious materials can occur must attend both initial and periodic Bloodborne Pathogen training sessions.

10.0 RECORDKEEPING

10.1 KSU will maintain documentation of spill kit clean-up inspections.

10.2 KSU will maintain documentation of Bloodborne Pathogen training sessions.

10.3 KSU will maintain documentation indicating that each employee listed in Category I or has an exposure incident has been offered the chance to receive the Hepatitis B vaccination.

10.4 Records of all inspection and training activities will be kept on file and available for auditors / inspectors for no less than five (5) years.

11.0 REFERENCES

APPENDIX A

BLOODBORNE PATHOGEN CLEANUP PROCEDURE
Whenever a spill of blood or other potentially infectious materials occurs, the following procedure must be used to clean-up the spill:

A. Notify your supervisor that a body fluid clean up is needed. Give exact location and wait for them to arrive before cleaning up the spill.

B. *All* safety equipment must be worn prior to cleaning up the spill.

C. Apply coagulant or absorbent compound to the spill of blood or other potentially infectious materials to be absorbed. Use enough to completely absorb the spill. The spill must be completely absorbed for decontamination.

D. Pick up the absorbent material using the disposable scraper provided or a broom and dust pan.

E. Place all spill material inside of a red biohazard bag for disposal.

F. Place the broom and the dust pan in the janitor sink to decontaminate.

G. Clean and disinfect the spill area using a suitable disinfectant following the label instructions.

H. After mopping the area with disinfectant, empty mop bucket down the sink and rinse well. Rinse your mop well also. Fill your mop bucket with water and 1 cup of vinegar. Let the mop soak overnight in the solution.

I. Rinse the broom and dust pan with clear water to remove any material on them. Spray clean the dust pan and broom with disinfectant and allow them to air dry.

J. Rinse the vinyl gloves in running water to remove any material on them. Carefully remove the gloves and dispose of them in the biohazard bag containing the collected waste.

K. Wash your hands thoroughly with soap and water.

L. Remove any other personal protective equipment (PPE) used and dispose of them.

M. Have your supervisor restock the body fluid kit, if necessary.
APPENDIX B

JOB CLASSIFICATIONS
Job Classifications

**Category I** – These Positions are considered to be at risk of an Occupational Exposure to Bloodborne Pathogens.

- Director of Public Safety
- Associate Director of Public Safety
- Police Lieutenant
- Police Sergeant
- Police Officer 2
- Police Officer 1
- Head Athletic Trainer
- Assistant Head Athletic Trainer
- Athletic Trainer
- Life guards
- Custodians Assigned to Clean Examination Rooms in the University Health Center

**Category II** – These Positions and Tasks are considered not to have an Occupational Exposure to Bloodborne Pathogens.

All other University departments/areas including but limited to:

- Resident Advisors, House and Hall Directors, and other staff of Student Housing and Residential Programs who would respond to injuries occurring within University residential buildings
- Academic Personnel who aid injured students or staff
- Child Development Specialist with the Child Development Center responsible for assisting injured children enrolled at the Center
- Maintenance and Custodial staff who periodically come into contact with blood and/or OPIM as part of their job duties
- Office workers, graduate students, and any other University employee who respond as Good Samaritans to assist individuals who are injured
APPENDIX C

HEPATITIS B VACCINATION - CONSENT / DECLINATION FORM
Hepatitis B Immunization

Name: ___________________________  Banner ID #: ____________

Employee Consent to Hepatitis B Vaccination

I understand that as a result of my position I may be exposed to the Hepatitis B virus through exposure to blood or other potentially infectious materials. I hereby give my consent to receive the Hepatitis B vaccination series.

I have been instructed that as a result of the vaccination, I may experience some side effects such as:

1. Soreness at the injection site  
2. Fatigue  
3. Fever  
4. Joint pain  
5. Local reaction  
6. Rash  
7. Headache and/or  
8. Dizziness

I certify that I have received training on Hepatitis B infection and immunization and I understand the potential hazards. I have been advised on the procedure for obtaining the Hepatitis B series, at no charge, at the Kent State University Health Services. I will schedule an appointment at my earliest convenience.

Date ___________________________  Signature – Employee ___________________________

Employee Declination to Receive Hepatitis B Vaccination

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 B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by 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 and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date ___________________________  Signature – Employee ___________________________

Date ___________________________  Signature – Witness ___________________________

The original copy of this consent form must be filed in the employee’s medical record.