



Bloodborne Pathogen Exposure Control Plan

**Administered by:
Chapman University
Environmental Health & Safety Department / Risk
Management Department**

**Plan Developed and Approved by the Chapman University
Bloodborne Pathogen Exposure Control
Committee Updated July, 2016**

**Developed in accordance with
Cal OSHA Bloodborne Pathogens Standard 8 CCR 5193**

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Chapman University Bloodborne Pathogen Exposure Control Plan

PURPOSE

This plan provides procedures that will reduce the potential for occupational exposures to Bloodborne infectious disease according to the requirements of Cal OSHA Bloodborne Pathogens Standard 8 CCR 5193.

It applies to all employees of Chapman University who may be exposed to human blood, blood components, body fluids or other potentially infectious materials (OPIM) as a result of the performance of their duties. Bloodborne pathogens include, but are not limited to hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Under this plan a "sharp" includes any object that can be reasonably anticipated to penetrate the skin and result in an exposure to Bloodborne pathogens. If you have any questions regarding the applicability of this Plan to you and your position, please contact your supervisor or the Manager, Chapman University Environmental Health & Safety.

Sharps used at Chapman University include, but are not limited to, needle devices, scalpels, lancets, broken glass and broken capillary tubes. However, it is recognized that exposure to Bloodborne pathogens can result from non-sharps related incidents. The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visible contaminated with blood such as saliva or vomitus, and all body fluids in situations, such as emergency response, where it is difficult or impossible to differentiate between body fluids. This Chapman University "Bloodborne Pathogen Control Plan" describes how to eliminate or minimize exposure of all University personnel to human/primate blood or human/primate blood products that might contain Bloodborne pathogens. This plan is in compliance with the California OSHA Bloodborne Pathogens Standard (8 CCR • 5193).

This Plan also provides for the establishment of a Chapman University Bloodborne Pathogen Control Committee that is charged with the development and ongoing management of the Chapman University Bloodborne Pathogen Control Plan. The Committee will meet annually to review the Plan for any necessary updates, and to review any incidents that occurred during the period of time subsequent to the previous annual review. The Committee will also meet periodically, as needed in response to incidents that require further investigation and management.

Any sharps or non-sharps related incident that involves exposure to Bloodborne Pathogens must be reported on the Chapman University Sharps Report Form and Sharps Injury Log. Incidents that involve students, faculty, staff or others that do not involve exposure to Bloodborne pathogens as described in this Plan should be promptly reported to the Chapman University Risk Manager in the Office of the Executive Vice President/COO. A Chapman University "Incident/Accident Investigation Report" should be completed. The report form can be found at <http://www.chapman.edu/RiskMgmt/resources.asp>. Also, if an employee or student worker is injured as a result of the incident, a report should immediately be made to the Employee Leave Coordinator/Workers' Compensation Specialist in the Human Resources Department.

RESPONSIBILITY

The Principal Investigator, (PI)/supervisors shall be responsible for ensuring their employees comply with the provisions of this plan. The management of each respective department where there are known sources of exposure, i.e. an exposure as a result of an actual injury caused by a Bloodborne pathogen are responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, Hepatitis B vaccinations, etc. The Chapman University Manager, Environmental Health & Safety can be of assistance in identifying sources of necessary supplies. Most of these supplies are available through university-approved vendors. Hepatitis B vaccinations shall be administered through the Chapman

University Student Health (CUSH) Center. The Environmental Health and Safety Department shall be responsible for providing the appropriate training mechanisms and for the disposal of biohazardous wastes.

CONTRACT SERVICES

Companies contracting services to Chapman University, that involve employee exposure to Bloodborne pathogens, must have their own exposure control plan. Contractors must train their employees in accordance with the OSHA regulations including information that is specific to job duties at Chapman University. A signed Contractor Illness and Injury Prevention Program Certification form must be provided to the University prior to the start of work. It is the responsibility of the contracting department at Chapman University to assure compliance by any and all contractors.

EXPOSURE DETERMINATION

Employees working in the following job classifications perform duties which could result in exposure to Bloodborne pathogens. Specific activities that present risk of exposure are listed after each classification. Supervisors must be aware of changes in duties of their employees that may result in the potential of exposure and must promptly advise the Chapman University Human Resources and Environmental Health & Safety departments of same. NOTE: The requirements of this Plan apply to full-time or part-time employees of the University and do not apply to independent contractors, visitors, or students who are not employees. Some below listed job classifications will not apply if the university does not have employees under that classification. If you have any questions on eligibility or if a new position is added in which you believe there to be a possible exposure, contact the Chapman University Environmental Health & Safety Specialist.

Job classifications in which all employees have occupational exposure:

1. Healthcare Professionals, including professional and support positions rendering examinations or delivering other medical or nursing procedures, administration of injections, medications, or first aid.
2. Science Department faculty and other staff, including laboratory technicians who may be involved in the handling of potential contaminants, including but not limited to the collection and handling of bodily fluid specimens
3. Physical Therapy Department, including faculty, lab instructors, and student workers.
4. Athletic Trainer – first aid provider
5. Athletic Training Education Program faculty and staff – first aid provider
6. Public Safety personnel – first aid provider, interaction with violent suspects, searches
7. Lifeguards – first aid provider
8. Other workers who perform duties included above, regardless of position title.

Job classifications in which some employees may have some occupational exposure:

9. Instructional Support Technician – handling of laboratory specimens and waste.
10. Maintenance Worker – plumbers are exposed to sewage.
11. Science Faculty – research and laboratory activities for those who conduct research or work with human blood or OPIM, or animals known to harbor human Bloodborne pathogens and or animal tissue from a source injected with or containing viable human Bloodborne pathogens.
12. Coaches and Assistant Coaches.
13. Residence Life Employees, including Resident Advisors and maintenance personnel assigned to Residence Life.
14. All Employees providing emergency first aid assistance, whether on voluntary basis or in connection with job responsibilities.

EXPOSURE/MATERIALS

All moist body substances, including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations, such as emergency response, where it is difficult or impossible to differentiate between body fluids.

Any unfixed human or primate tissue or organ (other than intact skin) from a human (living or dead).

Any HIV, HBV, HCV-containing cell or tissue culture, organ cultures, and medium, and other solutions, and blood, organs, or other tissues from experimental animals containing HIV, HBV, or HCV.

EXPOSURE CONTROLS

The following practices will be implemented to reduce the potential for occupational exposure to Bloodborne pathogens. Additional exposure control procedures will be developed by clinic or laboratory supervisors as needed for specialty work environments. Supervisors are responsible for ensuring that employees implement exposure control measures and are trained to use required personal protective equipment (PPE). Employees who fail to implement exposure control measures or utilize PPE as required are subject to corrective action.

Universal Precautions (aka Standard Precautions)

Universal/Standard precautions require that all blood and body fluids be treated as if they are infected with HBV, HCV, HIV or other pathogens. If the nature of the task requires direct contact with potentially infectious materials, PPE shall be available and worn. If an activity is performed without blood exposure, but exposure could occur in an emergency, the PPE shall be available.

Universal/Standard precautions are intended to supplement, rather than replace, work practice controls.

Employees must:

1. Utilize protective equipment in occupational exposure situations.
2. Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
3. Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to Bloodborne pathogens.
4. Remove all personal protective equipment before leaving the work area.
5. Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

Research Involving HBV, HCV, or HIV

Currently, Chapman University is not involved in HBV, HCV or HIV research. Faculty, staff or students who wish to conduct this type of research, must notify the EH&S Office at ext. 2888 at least one month prior to beginning work.

Engineering and Work Practice Controls

Universal/Standard precautions as well as engineering and work practice controls will be observed by all persons in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual. Safe practices shall include:

1. **Security and Isolation:**

- a. Keep laboratory doors closed when work is performed on Bloodborne pathogens. The area must be posted by placing the biohazard sign on entrance doors.
- b. Lock any biohazard work areas when unattended.

2. **Hand Washing:**

- a. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
- b. Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment and upon any contact with potential BBP materials.
- c. Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. All research areas, medical areas, and laboratories will have hand washing sinks /faucets available.
- d. Because most Chapman University buildings are public access, they will have available hand washing facilities in public restrooms and custodial/janitorial closets. (If hand washing facilities are not available, the Facilities Department will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)

3. **Sharps:** Employees who encounter improperly disposed “sharps” which includes razors, pipettes, scalpel blades, etc. as well as needles shall notify EH&S of the location of the “sharps”. Additionally, the appropriate authorities at the location shall be notified (i.e., lab manager). Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location, please contact EH&S regarding pick up and dispose of the “sharps” in an appropriate, labeled sharps container.

- a. Needles (*sharps or broken glass*) may be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
- b. Used needles and other sharps are not to be sheared, bent, broken, recapped, or resheathed by hand.
- c. Do not bend, recap or remove sharps from devices unless a mechanical device or a one-handed technique is used, and the employer can demonstrate that no alternative is available.
- d. Used needles are not to be removed from disposable syringes. Disposable sharps must not be reused.
- e. All sharps contaminated or not, shall be disposed of in a puncture-resistant hard sided, labeled sharps container.
- f. The CAL-OSHA BBP Standard requires any laboratory using human or primate blood, blood products, cell lines, tissues or other potentially infectious materials to use Needleless Systems/and or engineered sharps unless such devices prove to be more hazardous to the user. Needleless systems means a device that does not use needles (1) for the withdrawal of body fluids after initial venous or arterial access is established; (2) administration of medication or fluids; and (3) performance of any other procedure involving the potential for an exposure incident. Engineered sharps means either (1) a physical attribute built into a needle device such as barrier creation, blunting, encapsulation, withdrawal or (2) a physical mechanism which effectively reduces the risk of an exposure incident. If the PI/supervisor decides that a non-compliant “sharp” is necessary for a certain procedure, the reason must be documented.
- g. Any broken glassware must not be directly handled with a gloved or bare hand. Use a mechanical tool (tongs, dustpan and broom) to collect the pieces into a hard-sided container labeled ‘broken glass.’ Contaminated broken glass must be placed in a puncture-resistant hard sided container (**marked as biohazard**), and disposed of as biohazardous waste.

4. **Food:** Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in areas where there is a reasonable likelihood of exposure to Bloodborne pathogens.
5. **Exposure Areas:** No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or other potentially infectious materials (OPIM) are present. Note: Any refrigerators located in separate office areas that are used for the holding of food or beverage for human consumption must be posted with a "Food Storage Only" label.
6. **Safe Practices:** Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances. Never pipette blood or OPIM by mouth.
7. **Specimens:** Place specimens of blood or OPIM in a container.
8. **Minimization of Aerosols:** All procedures must be performed carefully to minimize the creation of aerosols. Biological safety cabinets (Class I or II) or other physical containment devices must be used whenever possible while performing operations capable of creating aerosols, including but not limited to:
 1. centrifugation
 2. blending
 3. homogenization
 4. opening pressurized containers.If a biological safety cabinet cannot be used, the most effective means of minimizing exposure to aerosols is to contain them by using closed containers (centrifuge tubes, sealed centrifuge rotors, capped test tubes, etc.).
9. **Disinfection of work area and spill cleanups:** Blood and blood products shall be handled in an area that can be readily decontaminated. The work area must be disinfected before and after handling microorganisms. Non-laboratory (authorized) personnel should not handle equipment that has been used with potential BBP's. Any potentially contaminated equipment must be appropriately decontaminated. All spills must be cleaned up immediately and disinfected with a germicide by appropriate decontamination procedures as determined by the laboratory supervisor and/or EH&S Manager. Clean-up, including transportation and disposal must be done in consultation with the EH&S in a manner that is in compliance with the Housekeeping and Waste Disposal practices described in this Plan and all applicable rules and regulations. The laboratory supervisor or other laboratory personnel must immediately report laboratory accidents (major spills, injuries, illnesses) to EH&S. Any injuries to employees must be immediately reported to Human Resources.
10. **Labeling:** A biohazard warning sign incorporating the universal biohazard symbol shall be posted on the access door to the laboratory work area. All human tissue, body fluid, or other potentially infectious materials must be stored in a container labeled with a biohazard symbol. Refrigerators, freezers, incubators, or other pieces of equipment where potentially infectious materials are stored or handled must also be labeled with the biohazard symbol. All signs are available from EH&S. Any refrigerators located in separate office areas that are used for the holding of food or beverage for human consumption must be posted with a "Food Storage Only" label.
11. **Limited Access:** Access to a laboratory is limited or restricted by the laboratory supervisor when work is in progress. When work with blood or blood products is being performed, non-laboratory personnel (maintenance, administrative personnel) and non-Chapman University personnel should not enter area. Maintenance and building services personnel may be unfamiliar with the potential hazards present in a laboratory and must be fully instructed and carefully supervised by the laboratory supervisor when working in areas where human blood and blood products are handled.

12. **Transportation on Campus:** Specimens of blood or other potentially infectious materials shall be placed in a primary container that prevents leakage (capped test tube, centrifuge tube, etc.) during collection, handling, and storage. If the specimens are transported through hallways, the primary containers must be placed in a secondary container (bucket, beaker, cooler, etc.) which would contain the contents if the primary container if it were to leak or break. The Chapman University Environmental Health & Safety Specialist should be contacted to assist in the transportation of any such specimens on campus.
13. **Shipping of samples:** Specimens of blood or other potentially infectious materials that will be shipped to or from Chapman University must be clearly identified as human blood or blood products. The material shall be placed in a closed primary container and a leak proof secondary container prior to shipment. Personnel involved with shipping of biohazardous agents or potential BBPs must have documented training prior to shipping. Contact the Chapman University Environmental Health & Safety Specialist for more detailed guidelines and training prior to any shipping of samples or specimens.
14. **Blood Collection** - All human blood collection within Chapman University shall be performed in accordance with established phlebotomy procedures.

EXCEPTIONS: Engineering controls are not required if they are not available in the marketplace or if a licensed healthcare professional, directly involved in a patient's care, determines that the use of the engineering control will jeopardize the patient's safety or the success of a medical procedure. Engineering controls are not required if the employer can demonstrate by means of objective product evaluation criteria that the control is no more effective in preventing exposure incidents than the alternative used by the employer. The justification for safety and product evaluation determinations must be documented in writing.

HOUSEKEEPING:

After contact with potentially infectious material, all equipment and work surfaces shall be promptly cleaned with a disinfectant, capable of killing HIV and hepatitis A 1:10 hypochlorite solution is effective for decontamination and can be prepared by slowly adding 1/4 cup household bleach to 2 cups of water. (This is a 1:8 solution – also is the same description as the one below – the 10% chlorine bleach)

- Decontamination will also be accomplished by utilizing the following materials:
 - 10% (minimum) solution of chlorine bleach
 - Other EPA-registered disinfectants
<http://www.epa.gov/oppad001/chemregindex.htm>
- Any other disinfectant with a label stating that it is effective in killing HIV and hepatitis may also be used.
- Clean up and decontamination should only be conducted by persons who have completed Bloodborne pathogen exposure control training and who understand the hazards of the contaminant.
- Use housekeeping gloves as a physical barrier during decontamination. They may be washed, disinfected prior to being reused. Additional PPE should be worn if splash hazards exist.
- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
- Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.

- Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
- Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through the Chapman University EH&S department.
- When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

LAUNDRY PROCEDURES:

- Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use.
- Contaminated laundry shall be placed and transported in (plastic or other non-porous) bags labeled biohazardous.
- EH&S shall review and approve any policies and procedures regarding the cleaning or disposal of contaminated laundry. EH&S shall be notified of any changes to existing practice and shall approve vendors utilized for the purpose of cleaning or disposal of contaminated laundry.

WASTE DISPOSAL:

- Place all sharps waste in rigid, red containers labeled "**Biohazard.**" Proper procedure requires that all sharps be disposed of this way, (including contaminated and non-contaminated sharps) immediately following use. Use a mechanical means such as tongs, brush or forceps to pick up contaminated broken glassware. Never attempt to access items inside a "sharps" containers. Cease using a "sharps" container when the container is 3/4 full. Never force sharps into a full container. Employees and Students of Chapman University may contact Chapman University Student Health Services (CUSH) or the Manager, EH&S for information on disposal of sharps on campus.
- Sharps containers may be used for as long as it takes to reach capacity of the container. If the container contains organic putrefying material, the retention time period is 7 days unless stored in a freezer.
- Biohazard containers must be closed when moved to prevent spillage or sharp protrusion. Use a rigid secondary container to prevent leakage during handling and transport. The secondary container must bear the biohazard label. Sealed sharps containers must be disposed of through arrangements of Chapman University EH&S.
- Other regulated waste shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.
- The waste must be labeled and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport.
- Biohazard bags and labels are available through appropriate vendors.

- Incineration of biohazardous waste shall be handled by a biological waste destructor. This shall be coordinated through the EHS and your department.
- Chapman University contracts with Thermal Combustion Innovators, Inc. for regular pickup of sharps and other biohazardous waste.

PERSONAL PROTECTIVE EQUIPMENT:

Personnel must wear gloves, lab coat, and safety glasses whenever handling human or primate blood, fluids, or tissue. In addition to above items, personnel must wear any additional PPE (apron, booties, face shield, etc.) that is needed to prevent blood or other potentially infectious material from contaminating their street cloths, skin, eyes, mouth, or other mucous membranes under normal conditions.

Personal protective equipment (PPE) will be provided without cost to all individuals who are at risk of occupational exposure to Bloodborne pathogens. All PPE must be inspected, cleaned, or replaced as needed at no cost to personnel. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the individual's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

All PPEs must be selected with the goal of providing protection from a hazard. Selection of alternate choices of PPE should be considered if the user is at risk of physiological discomfort (such as contact dermatitis from latex gloves or asthma from wearing certain face masks). Proper training on the wearing and function of personal protective equipment is required PRIOR to using PPE. Consultation or advice on PPE is provided by Chapman University EH&S.

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized. Department managers will be responsible for providing PPE appropriate to the tasks and type of exposure potential within their department at no cost to their employees. They will replace or repair personal protective equipment as necessary at no cost to employees.

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

All PPE shall be removed prior to leaving the work areas and placed in designated areas for disinfection or disposal. At no time will personnel be permitted to take home any PPE, including lab coats, for laundering or cleaning.

Information on specific use of PPE is as follows:

Eye protection

Protective eye wear must be worn in the laboratory or any other environment when it is reasonably anticipated that blood or other potentially infected material may make contact with the mucous membranes of the eye. Wear masks, goggles, glasses with side shields, or chin-length face shields, singularly or in combination, whenever splashes, sprays, splatters, aerosols or droplets of potentially infectious material may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Lab coats and uniforms

Wear protective clothing, such as aprons, lab coats or gowns if the potential for soiling the employee's street clothing exists. Closed toe shoes are required as part of the protective clothing

ensemble. If blood or OPIM penetrates a garment, remove it immediately. Keep reusable PPE such as lab coats and household gloves clean. Store them in the work area. **(Do not wear them outside of the work area).**

Laboratory coats, gowns, smocks, aprons, or uniforms must be worn while in the laboratory; long sleeves are required. Before leaving the laboratory for non-laboratory areas (e.g., cafeteria, library, administrative offices), this protective clothing must be removed and left in the laboratory. Sandals and open-toed shoes are not permitted.

Gloves

All personnel engaged in activities that may involve skin contact with blood, other potentially infectious fluids, mucous membranes or tissues must wear gloves. Gloves are also required for laboratory workers with dermatitis or other lesions on the hands who may have direct or indirect contact with potentially infectious materials.

Hand washing with soap and water must be a routine practice immediately after direct contact with potentially infectious materials and on completion of work, even when gloves are worn. Gloves should be removed before touching common equipment (phone, computer, appropriate laboratory equipment) to prevent contamination.

Gloves must be replaced frequently and immediately if they become contaminated or damaged in any way. Do not wash or disinfect examination gloves for reuse. Properly dispose of all such gloves (in labeled Biohazard receptacles).

BIOLOGICAL WASTE DISPOSAL

Disposal of potentially hazardous biological materials shall be performed with appropriate consideration for the personnel involved in the handling of laboratory waste, as well as federal, state and local laws concerning the disposal of such materials. In accordance with the California Medical Waste Management Act, Health and Safety Code, Chapter 6.1, medical waste includes but is not limited to:

- Human or animal specimens or infectious cultures
- Sharps, including needles and syringes
- Cultures and stocks of infectious agents
- Wastes from the production of bacteria, viruses, or the use of spores, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures
- Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents contagious to humans
- Waste which contains recognizable blood, fluid blood products, containers or equipment containing blood, or blood from animals known to be infected with diseases which are communicable to humans. Specific procedures for the disposal of biological materials are available from EH&S.

REPORTING AND DOCUMENTING INCIDENTS

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is a specific eye, mouth, mucous membrane or non-intact skin penetration by blood or other potentially infectious material (OPIM). Occupational exposures to blood or OPIM should be treated within hours.

Immediately after contact with blood or OPIM, wash skin with soap and water or flush mucous membranes with water. Promptly report any employee exposure incidents to the supervisor and initiate referral to an appropriate source of medical care. The employee's immediate supervisor or other responsible management representative will complete the Supervisors Report of Accident Form and refer the

employee to the Chapman University Student Health Center (CUSH) for immediate treatment and/or referral. If the exposure resulted from the delivery of first aid, the Report of Accident Form should include a list of all other persons who were involved in providing first aid.

When the University provides in-house post exposure evaluation, the employee must be advised of their right to refuse to consent to post exposure evaluation from the employers' healthcare professional. If the employee refuses to consent to evaluation at the Chapman University Student Health Center (CUSH), staff of CUSH should notify Chapman University Human Resources immediately. The employee may be referred to Sunrise Medical Group, 867 South Tustin Avenue Orange for a confidential medical evaluation and follow-up. The Sunrise Medical Group can provide antiretroviral medications for sharps injuries. The evaluation shall include:

1. Documentation of the route(s) of exposure and the circumstances under which the incident occurred;
2. Determination whether an exposure incident occurred;
3. Identification and documentation of the source individual; and
4. Offer of HBV vaccination series to unvaccinated persons within 24 hours of the exposure.

Document any declination of the HBV vaccine series on the attached form. Baseline blood testing may be requested by the physician at the expense of the University. The exposed employee's consent is required for HIV testing. The treating physician must be provided with:

1. A copy of 8 CCR 5193;
2. Copies of any other required Chapman University policy, procedure, protocol;
3. A description of the exposed employee's duties;
4. A copy of the Supervisors Report of Accident; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

The treating physician must provide a written post exposure report to the University within 15 days of completion of the exposure evaluation. The report should contain an opinion whether hepatitis B vaccination is indicated for the employee and if the employee has begun the vaccination series. The report should document that the employee has been informed of the results of the full evaluation, and that the employee has been informed about medical conditions that require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written post-exposure evaluation report. A post exposure report cover sheet is attached. The physician's report should be completed using the attached form and submitted to the Chapman University Human Resources Manager with a completed copy of the sharps injury log for the incident. Human Resources and Health Center staff will notify Public Safety as soon as they become aware that an exposure occurred as the result of a crime.

REPORTING AND DOCUMENTING SHARPS INJURIES

All sharps or non-sharps related injuries shall be reported immediately by completing a Chapman University Sharps – Injury Report and by recording the incident on a Chapman University Sharps Injury Log (within 14 days of the injury). The Sharps Injury Log is maintained for five years by EH&S. The log will be reviewed by the Manager, EH&S to identify trends and take corrective action. Confidentiality of data will be maintained.

The attached sharps injury log form must be completed by the health care professional who completes the post exposure evaluation. A copy of each sharp injury log form shall be forwarded to the EH&S office where the sharps injury log will be maintained for five years. The sharps injury log will be provided upon request to the CA Department of Health Services and to the National Institute for Occupational Safety and Health. The Chapman University Bloodborne Pathogen Committee will review the sharps injury log annually or upon evidence of 2 or more injuries from the same identified device to evaluate the safety record of devices involved in causing injuries.

Medical records will be:

1. Stored by the Student Health Center in confidential files;
2. Available, during normal work hours, to the employee to whom the record pertains, to representatives of CAL/OSHA and to the employee's representative (with written consent from the subject employee); and
3. Maintained for the duration of the employment plus 30 years.

HEPATITIS B VACCINE

The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal.

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

The Hepatitis B Vaccine shall be offered to all personnel whose work responsibilities present any exposure to Hepatitis.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor.

Following a report of an exposure incident, the exposed employee shall go to the Student Health Center for a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.
3. The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV and HIV serological status.
5. Post-exposure treatment (*and follow-up*) for the employee, when medically indicated in accordance according to current with the U.S. Public Health Service Policy.
6. Counseling will be provided to you at the time of any potential exposure, if you receive any positive test results, or as otherwise requested.
7. Evaluation of any reported illness.

The Healthcare professional evaluating an employee will be provided with the following information:

1. A copy of this plan.
2. A copy of the Cal OSHA Bloodborne Pathogen regulations
3. Documentation of the route(s) of exposure.
4. A description of the circumstances under which the exposure occurred.
5. Results of the source individual's blood testing, if available.
6. All medical records applicable to treatment of the employee, including vaccination status.

The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following: (1) whether the employee needs Hepatitis B vaccination; (2) whether the employee has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

1. That the employee was informed of the results of the evaluation.
2. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report.

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with Cal OSHA Bloodborne Pathogens Standard 8 CCR 5193.

TRAINING AND RECORD KEEPING

All employees identified in "exposure determination" job categories described in this Plan shall participate in a training program. Each department head will ensure that the occupationally exposed employees under (his/her) supervision receive training (prior to performing an) initial assignment and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

Document training on the Chapman University Safety Training Log Form. (*Original is placed in employee's department file*). Supervisors should forward (*copies of*) training records to EH&S to be logged in the campus safety training database. If there is a change in task or procedures that affects the employee's occupational exposure, additional training will be provided by the *manager*.

Basic Bloodborne Pathogen training will include the following:

1. An accessible copy of the regulatory text of Cal OSHA Bloodborne Pathogens Standard 8 CCR 5193 and an explanation of its contents;
2. An explanation of the Chapman University Bloodborne Pathogen Exposure Control Plan and the means by which the employee can obtain a copy of the written plan and an opportunity to present questions;
3. A general explanation of the epidemiology and symptoms of Bloodborne diseases;
4. An explanation of the modes of transmission of Bloodborne pathogens;
5. An explanation of the appropriate methods for recognizing tasks which may involve exposure to potentially infectious materials;
6. An explanation of the use and limitations of exposure control including appropriate engineering controls, work practices and personal protective equipment (PPE);
7. An explanation of the basis for selection of personal protective equipment (PPE);
8. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
9. Information on the efficacy, safety, method of administration and benefits of the hepatitis B vaccine;
10. Information on the actions to take in the event of an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs;
12. Information on the post-exposure evaluation and follow-up;
13. An explanation of the signs, labels and color coding used by the University to identify biohazardous areas and materials; and
14. Additional department-specific information will be provided for, including the location of and availability of needed PPE, cleaning materials, disposal containers, labels, etc.

PROGRAM REVIEW

Environmental Health and Safety staff will coordinate annual review of the Bloodborne Pathogen exposure control plan to evaluate the program's effectiveness and regulatory compliance. The Chapman University Bloodborne Pathogen Control Committee and other affected parties will participate in the program review. The Exposure Control Plan will be revised as necessary to include new or modified tasks.

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring 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 the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

(print name)

(title)

(date)

(department)

(signature)

SHARPS - INJURY REPORT

Chapman University Environmental Health and Safety

Instructions:

1. Complete all sections of this form. Use this form for Sharps or any other exposure;
2. Make a photocopy for your own records; and
3. Within 14 days of the injury ensure that the completed form is *received* by the:

**Chapman University Risk Management Department
ATTN: Manager, Environmental Health & Safety**

Injured Employee (<i>Last, First</i>)	Social Security #	Phone/E-Mail
Department	Supervisor (Last, First)	Phone/E-Mail

1. Date & Time of Injury	2. Location of incident	3. Body part injured
4. Job Classification of injured employee		5. Procedure being performed at time of injury
6. Describe how the incident occurred		
7. Sharps Information: a. Did the device being used have engineered sharps injury protection? (if yes, go on to question b & c below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		Identify Sharp involved (if known) Type: _____ Brand: _____ Model: _____ (e.g., 18g needle/ABC Medical/ "no stick" syringe)
b. Was the protective mechanism activated? <input type="checkbox"/> Yes <input type="checkbox"/> Yes-partially <input type="checkbox"/> No		
c. Did the exposure incident occur: <input type="checkbox"/> Before activation <input type="checkbox"/> During activation <input type="checkbox"/> After activation		
8. If the sharp had no engineered sharps injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury.		
9. Injured employee's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.		

Employee Signature

Date

EH&S Comments/Follow-up (place additional comments on back)

_____	_____
Signature	Date

