

**Bloomsburg University of Pennsylvania**  
**Bloodborne Pathogen Exposure Control Plan**  
**Effective Date: February 2, 2015**

**A. General Overview**

1. It is the practice of Bloomsburg University to eliminate or minimize employee occupational exposure to human blood, other infectious body fluids or unfixed human body tissue by strict adherence to the Universal Precautions, providing suitable personal protective equipment, training, work practice controls and where appropriate Hepatitis B immunization.

**B. Definitions**

1. Bloodborne Pathogens-Pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
2. 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 and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
3. Occupational Exposure-Reasonably anticipated skin, eye, mucous membrane or other contact with blood or other potentially infectious materials that may result from the performance of employee's duties.

**C. Responsibility**

1. Supervisors shall be responsible for ensuring their employees comply with the provisions of this plan. Each University department is responsible for providing all necessary supplies and personal protective equipment.

**D. Exposure Determination**

1. A hazard assessment is conducted to determine if Occupational Exposure are present or likely to be present. The exposure determination is made without regard to the use of personal protection equipment. The exposure determination should identify job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.
2. At the present time the following classifications, groups, etc. have been identified as having exposure.
  - a. Student Health Center Personnel
  - b. College of Nursing Personnel
  - c. Campus Police Officers
  - d. Custodians
  - e. Plumbers

- f. On Call Maintenance Staff
  - g. Groundskeepers
  - h. Coaches
  - i. Child Center Personnel
  - j. Athletic Trainers
  - k. Quest Instructors
3. Supervisors, chairpersons, coaches and others who direct subordinates or in the above classifications who can reasonably anticipate skin, eye, mucous membrane or other contact with blood or other potentially infectious materials that may result from the performance of an employee's duties shall familiarize themselves and/or their subordinates with potential exposure by participating in a training program provided or approved by the Safety Department.

E. Methods of Compliance

1. Universal Precautions - Strict adherence to the Universal Precautions is required for this exposure control program to be effective. The cornerstone of the Universal Precautions is that all blood, regardless of the source, be treated as if it is infectious. Appropriate personal protective equipment (including gloves, breathing masks and eye protection) and work practices (minimize splashing, care in handling sharps, waste segregation) must be observed to reduce the possibility of skin and /or mucous membrane exposure to blood and other potentially infectious material.
2. Personal Protection Equipment including but not limited to gloves, breathing masks for rescue breathing/CPR and eye protection shall be available and worn by all persons who can reasonably anticipate exposure to blood and other potentially infectious materials during the course of their duties. Personal protective equipment is considered to be appropriate only if it prevents contact of blood and /or other potential infectious materials from coming into contact with skin/mucous membranes. For additional information on Personal Protective Equipment reference the Personal Protective Equipment Program.
3. Work Practices and Engineering Controls is a set of recommendations to reduce or eliminate occupational exposure to bloodborne pathogens or devices to limit exposure. These include:
  - a. Sharps Containers – All sharps (i.e., needles, syringes, lancets, razor and scalpel blades, Pasteur pipettes, glass capillary tubes), especially those contaminated with human blood must be collected in a rigid, leak proof sharps container. This container should be kept as close as possible to where sharps are handled. It should be sealed, autoclaved and disposed of as Infectious Waste when it is 2/3 full. For additional information on Infectious Waste Disposal reference the Infectious Waste Disposal Program.
  - b. Biological Safety Cabinets – When procedures are conducted that have the potential for generation aerosols with blood, they should be done in a biological safety cabinet (hood). The hood should be disinfected before and after use.
  - c. Hand washing Facilities – Proper, timely hand washing facilities (consisting of hot and cold running water, soap and towels) are required wherever bloodborne

pathogens are handled. Employees and students should wash their hands and any other potentially contaminated skin area after removing gloves or other personal protective equipment (PPE).

- d. Needle stick Prevention – Devices that are capable of reducing or eliminating the potential for needle stick and other sharp instrument injuries are now available.
- e. Specimen Containers – Containers used for holding, processing or transporting blood shall be labeled as biohazards. Transport containers shall be of sufficient size to hold twice the volume of material being transported in them. Containers should be constructed of materials that can be easily cleaned and should be cleaned and disinfected if contamination is noted.
- f. Decontamination will be accomplished by utilizing the following materials:
  - 1) 10% (minimum) solution of chlorine bleach
  - 2) Lysol
  - 3) Other EPA registered disinfectantsAll contaminated work surfaces, tools, objects, floors, etc. will be decontaminated immediately or as soon as feasible after any blood or other potential infectious materials have come in contact.
- g. Broken glass or glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.

#### F. Vaccination

- 1. Each employee whose duties may reasonably be anticipated to involve exposure to blood or other potentially infectious materials, will be offered Hepatitis B vaccine by the University at no cost to the employee.
- 2. Information about the vaccine, its efficacy, safety, method of administration, benefits of being vaccinated will be provided to the employee during the bloodborne pathogen training program. The vaccine is provided in accordance with current CDC recommendations.
  - a. An employee may choose to receive the vaccine or decline. If the employee declines the vaccine, a waiver stating that fact must be signed by the employee.
  - b. If at any time, a potentially exposed employee who initially declined to receive the vaccine wishes to receive the vaccine, the University will provide the vaccine at no cost to the employee.
  - c. The Safety Department is responsible for maintaining vaccination records. If an at-risk employee has previously received the Hepatitis B vaccine series, they should make an effort to obtain their vaccination records and forward a copy to the Safety Department.
- 3. To begin the process to receive Hepatitis B vaccination, you must first be trained regarding the dangers of bloodborne pathogens and Universal Precautions. Once training has been completed, the employee may then begin the Hepatitis B immunization series by contacting the Safety Department.

#### G. Post-Exposure Evaluation

1. All work or classroom related exposures to blood or other potentially infectious materials (such as needle sticks or sharp instrument injuries, splashes of blood to the skin, eyes, nose or mouth area, cuts with blood-contaminated objects, human bites or other direct physical contact with blood) are to be reported immediately to his or her supervisor or instructor. An Accident/Incident/Injury Report must be filled out and sent to Human Resources. The University will make available, at no cost to the employee, a confidential medical evaluation and a follow-up exam. For treatment to be effective, it must begin within 2-6 hours after the exposure occurred.
2. The attending physician will determine the required follow-up or treatment to be taken based on the exposure, applicable CDC guidelines regarding appropriate medical treatment.
  - a. The Safety Department in conjunction with the Office of Human Resources is responsible for documenting all exposures and medical action taken.
  - b. The Safety Department is responsible for evaluation of the circumstances surrounding an exposure incident and shall recommend appropriate safety equipment and/or changes in procedure to prevent further exposures of this type.

#### H. Training

1. Training components
  - a. Explanation of the contents of 29 CFR 1910.1030 OSHA Bloodborne Pathogen regulations.
  - b. Epidemiology and symptoms of bloodborne diseases.
  - c. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  - d. Use and limitations of the method that will prevent or reduce exposure, including appropriate work practices and personal protective equipment.
  - e. Types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
  - f. Basis for selection of personal protective equipment.
  - g. Explanation of Universal Precautions.
  - h. Information on the Hepatitis B vaccine.
  - i. Procedure to follow if an exposure incident occurs, including the method or reporting the incident and the medical follow-up that will be made available.
  - j. An opportunity for interactive questions and answers with the person conducting the training.
2. Employees
  - a. All employees who may have occupational exposure to bloodborne pathogens shall attend a training program.
  - b. Initial training shall be provided to all at-risk employees before they begin activities that could expose them to bloodborne pathogens.
  - c. This training shall be provided by the Safety Department.

- d. Refresher training is to be provided annually or in the event of employee reassignment.
- I. Record Keeping
  - 1. Safety Department shall maintain the following records:
    - a. Dates and Status of vaccinations
    - b. Declination statements for vaccines
    - c. Training records
    - d. Employee exposures
  - 2. Human Resources
    - a. Employee exposure medical records

**BLOOMSBURG UNIVERSITY  
HEPATITIS B IMMUNIZATION PROGRAM**

**Purpose and Introduction:**

The Hepatitis B virus is a blood borne pathogen that is transmitted when someone comes in contact with any bodily fluids containing blood and the Hepatitis B Antigen. At one time, gamma globulin was the mainstay of preventing the disease. Gamma globulin is still extremely effective if given soon after exposure, however, people may not know they have been exposed because persons carrying the virus may be free of symptoms and very small amounts of blood or serum can transmit the disease.

We will be using Engerix B which is a vaccine derived from the engineered cells which carry the antigen gene of Hepatitis B virus. First usage of this type of vaccine was approved early in 1987. It is produced free of human blood or plasma, eliminating a theoretical risk of viral transmission associated with the plasma-derived vaccines used in the past.

**Hepatitis B Infection:**

Hepatitis B is a liver disease with a variety of presentations and outcomes. The infections may be acute or entirely without signs or symptoms. Persons who have no symptoms as well as those who are very ill can become chronic carriers and develop complications (listed below).

**Chronic persistent hepatitis-** a benign liver condition that may rarely progress to liver cancer.

**Chronic active hepatitis-** a late complication occurring in 3-5% of Hepatitis B infections.

**Primary liver cancer-** the risk of developing this disease is 273 times greater for Hepatitis B carriers than for noncarriers.

Infection without clinical symptoms occurs in 50-60% of persons infected with Hepatitis B Virus, individuals are needed to complete the series for immunity: The dosage schedule will be:

**1<sup>st</sup> dose (elected date); 2<sup>nd</sup> dose (1month later); 3<sup>rd</sup> dose (6 months after first dose).**

The most frequent reaction reported from getting the injection is soreness of the injection site. Other possible reactions are joint aches or pains, fever, nausea, or in very rare occasions neurological symptoms including Guillian Barre Syndrome. It is unknown whether or not booster doses will be needed. After receiving the vaccine most people develop immunity to the disease.

Since a small portion of people receiving the vaccine may not develop immunity it will be necessary for you to report any incident of significant exposure. At that time you will be referred to a Health Care Provider who will order laboratory studies to determine your status of immunity. If you are not found to be immune, prophylactic medication will be ordered.

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**CONSENT**

I, \_\_\_\_\_, Employee ID# \_\_\_\_\_, have read the above and have been informed of contracting Hepatitis B, including those risk incurred, during the performance of my job and of the risks to me which could result if I contract Hepatitis B infections. I have also been informed of the risks of the Hepatitis B vaccination. I have been given the opportunity to ask questions and they have been answered to my satisfaction. Based on this knowledge, I give permission to Bloomsburg University to administer recombinant yeast DNA Hepatitis B vaccine (Engerix B) to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>I decline to receive the Hepatitis B Vaccination at this time:</b> _____ <b>Date:</b> _____
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