Safety & Risk Management Policies and Procedures

Title: Blood Borne Pathogens Policy
Date: July 2014

Rationale: Southwestern University is committed to providing a safe and healthful work environment. OSHA's Blood Borne Pathogens standard (29 CFR 1910.1030) also requires Southwestern University to have a written Exposure Control Plan (ECP) because we have approximately 157 employees and work-study students who may have the potential to be at risk of occupational exposure to blood or other potentially infectious materials.

Goals: The purpose of this standard is to protect employees and students from the risk of exposure to infectious diseases.

Policy: All employees and work-study students who are affected by this plan must comply with the procedures and work practices as outlined here and as instructed on a departmental specific basis. Department Directors/Chairs/Supervisors are responsible to provide annual hands-on *instruction* to their staff for job specific procedures. Initial as well as annual refresher training is required by OSHA and will be provided each fall semester by the Safety Office or by the affected Department Heads. Department heads are responsible to update master BBP spreadsheet and schedule their own annual training or through the Safety Office.

Procedure: The Blood Borne Pathogen Policy and Procedure document provides important information regarding:

- How to reduce the potential hazard of exposure to blood borne pathogens
- Responsibilities
- Methods of implementation and control
- Available training
- Medical recommendations

Table of Contents

Occupational Exposure means *reasonably* anticipated skin, eye, mucous membrane, or parenteral contact with another person's blood or other potentially infectious materials that may result from the *performance* of an employee's job duties.

The potential hazard of exposure to blood borne pathogens can be eliminated or significantly reduced by implementing the following components of our exposure control plan:

Universal Precautions: no contact = no exposure	Hepatitis B Vaccination
Engineering Controls	Medical Evaluation & Treatment
Work Practice Controls	Employee Training & Information
Personal Protective Equipment	Recordkeeping
Housekeeping & Laundry Procedures	Bio-hazard Labeling & Waste Disposal

A copy of the OSHA blood borne pathogen standard as well as health information is available at: http://www.osha.gov/SLTC/bloodbornepathogens/index.html

Administrative Duties

- The University Safety Officer, with review and input by the Campus Safety Committee, will develop the written plan. The Safety Officer will perform general oversight of the plan.
- The plan components related to reviews of engineering controls (safe sharps devices), safe work practices, and disposal procedures will be reviewed by the Safety Officer, University Nurse Practitioner, and the Campus Safety Committee. Refer to the engineering control guidelines for assistance. See Appendix B.
- Implementation of the plan components, annual updates to the master list of participants, as well as site-specific instruction (procedures) for all affected staff/students will be the responsibility of the following department heads or supervisors:
    1. Athletics / Kinesiology/Intramural & Recreational Activities: Athletic Director – G.M., Director of Athletic Services – G.S., Professor of Kinesiology – S.M., Director of Student Activities – D.T.
    2. Physical Plant: Managers of Physical Plant – S.S., M.C.
    3. Police: Chief of Police – B.D.
    4. Health Services: Nurse Practitioner
- NOTE: The above listed individuals will also be responsible to provide and maintain all necessary personal protective equipment, sharps containers, bio-hazard and/or red disposal bags, and BBP clean-up kits and provide or arrange annual training for employees designated in the BBP Program. Annual reviews with Appendix E & F should also be conducted.
- This exposure control plan will be implemented in November 2003. The Safety Office will help to coordinate and update the master BBP list with the assistance of Department Heads and SU Health Services. New employees should attend safety orientation training for BBP the first day of employment. Vaccinations will be scheduled by the Supervisor and SU Health Services upon completion of employee BBP training.

Employee Exposure Determination

Job Class/Title	Employees	All/Some	Department	Areas Involved	Activities with Exposure	Frequency	Risk
Athletic Trainer	4	All	Athletics	Robertson Center	sharps, first aid - injury	daily	M
Equipment Manager	1	All	Athletics	Laundry Room	laundry operations	weekly	M
Swim Coaches	2	All	Athletics	Robertson Pool – 3rd Party Pools	First-aid – injury	Weekly	M
Lifeguards	15 stu	All	Athletics	Pool	first-aid - injury	daily	L
Kinesiology Professors	2	All	Kinesiology	CRJ Laboratory	blood analysis	occasionally	L
SIRA Student/Staff	14 stu	All	SIRA	Robertson, Athletic Fields	first-aid - injury	daily	L
Sport Club Officers	10 stu	All	SIRA	Robertson, Athletic Fields	first-aid injury	daily	L
Sport Club Coaches	4	All	SIRA	Robertson, Athletic Fields	first-aid injury	daily	L
Assistant Director	1	All	SIRA	Robertson, Athletic Fields	first-aid injury	daily	L
Fitness Instructors	10 - 12	All	SIRA	Robertson, Pool	first-aid injury	daily	L
SIRA Director	1	All	SIRA	Robertson, Athletic Fields	first-aid injury	occasionally	L
Housekeeping Supervisors	2	All	Physical Plant	Facilities/Bathrooms	clean-up & trash	monthly	L
Housekeepers	43	All	Physical Plant	Facilities/Bathrooms	clean-up	weekly	L
Warehouse Housekeeper	1	All	Physical Plant	Campus	clean-up	weekly	L
Boiler Plant Operator	7	All	Physical Plant	Campus	clean-up & trash	monthly	L
Trash Collector	1	All	Physical Plant	Campus	trash collection	occasionally	L
Police Officer	16	All	Police/Student Affairs	Campus	incident response - clean-up	occasionally	L
Nurse	2	All	Health Services	Prothro Center – Health Services	first aid, sharps medical services	daily	M
Safety Officer	1	All	Fiscal Affairs	Campus	accident investigation	occasionally	L

Methods of Implementation and Exposure Control

Universal Precautions

- All blood and other potentially infectious materials (OPIM) shall be treated as potentially contaminated/infectious in order to eliminate or significantly reduce the risk of an occupational exposure incident regardless of the perceived status of the source individual.

Engineering Controls

- *Self-sheathing needles* and other safe sharps devices (retractable syringes & lancets) shall be used based upon annual evaluations of available technology. Needles should never be recapped with two hands. Breaking or shearing needles is prohibited. One hand technique to cap needles shall be used when necessary (including reusable syringes). In cases where multiple injections are given with the same needle (lidocaine) that has no self-sheathing device, the needle is immediately placed in the sharps container using a one handed technique.
- *One-way valve rescue breathing mouthpieces* shall be available for designated personnel who may have to administer artificial respiration (Athletic Trainers/Nurses).
- *Labeled sharps containers* shall be used to dispose of all medical sharps devices (contaminated or not) and will be properly disposed of as regulated medical waste.
- *Hand washing stations*/sinks shall be available and used for personal hygiene in the event of an exposure incident.
- *Safe broken glass kits*, (brush with dust pan or tongs) shall be made available to housekeeping staff or others that may have to respond and clean-up. Broken glass shall be disposed of in a cardboard box and labeled "Caution Broken Glass." Blood stained (liquid) glass/objects should be covered with absorbent material inside the cardboard box.
- *Labeled red bio-hazard bags* shall be used to dispose of regulated medical waste for "blood or OPIM that is in liquid or semi-liquid form and if compressed could be released."
- *Body fluid kit* – main Housekeeping closet first floor
- *Department heads are responsible to inspect and maintain engineering controls on at least an annual basis and repair or replace defective items to ensure their effectiveness. Use Appendix E and F to document.*

Work Practices

- *Only trained and authorized BBP members* should clean up potential BBP spills. Students are instructed not to clean up spills and are directed to seek the assistance of trained staff (request help from Physical Plant - x1914 - and ask for Housekeeping). For off-hours, contact the Campus Operator (x 6511) to call an evening Housekeeper, the Boiler Plant Operator, or S.U. Police to provide assistance in proper clean-up.
- First response to incidents or first aid treatment should *include putting on appropriate PPE (especially gloves)*. Employees who did not have the opportunity to use PPE will need to wash their hands and any other exposed skin with soap and hot water immediately or as soon as possible after contact with blood or OPIM, for 15 to 20 seconds, in a manner causing friction on both inner and outer surfaces of the hands. If exposure occurs to mucous membranes (eyes, mouth, nasal passages) flush surface with lukewarm water for several minutes.

- Employees will be provided with antiseptic hand cleaners/towelettes when hand washing is not feasible (outdoor athletic fields). However, hand washing must still take place as soon as possible after exposure.
- *Eating, drinking, smoking*, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is the potential for exposure to blood borne pathogens.
- Any *equipment that has been contaminated* with a potential BBP must be cleaned and decontaminated prior to use. If portions cannot be decontaminated, the equipment must be labeled to warn users to wear gloves and be aware of the risks.
- *Mouth pipetting* (suctioning of blood or OPIM) is strictly prohibited.
- When *handling trash and potential hidden sharps do not push down* on trash lined bag unless using a hard non-penetrable surface/object (lid). Be careful not to allow trash liner bag to rub or swing and bump against your leg when transporting to curb. Use broom and dust pan to pick-up sharps (broken glass, sharp objects, needles, etc). Place broken glass/sharps in a labeled cardboard box to prevent injuries. Dump trash into trash cart rather than using your hands to pull trash out. If needles/syringes are found, notify your supervisor.

Personal Protective Equipment (PPE)

Task	**Hazard**	**Procedure & PPE**
Conducting First Aid	Liquid Blood/OPIM – higher potential for infection	Gloves, glasses, biohazard disposal bag
Resuscitation (CPR)	Blood/OPIM	One-way respirator mouthpiece
Conducting First Aid – dried blood/OPIM (changing bandages)	Blood/OPIM – lower potential for infection	Gloves, disposal in normal trash in plastic lined garbage bag. SU Health Services – disposal in yellow bag.
Medical procedures with sharps devices (needles, lancets, etc.)	Blood/OPIM – moderate potential for infection	Gloves, glasses, safe sharps devices (one-handed), disposal in labeled sharps container.
Clean-up of blood/OPIM - major	Blood/OPIM – moderate potential for infection	Gloves, glasses, absorbent material, EPA disinfectant, red bio-hazard bag, dispose as regulated medical waste at Health Services.
Clean-up of blood/OPIM - minor	Blood/OPIM – moderate potential for infection	Gloves, glasses, absorbent material, EPA disinfectant, red bag, dispose as first aid waste (non-regulated) in trash compactor.
Clean-up of vomit/OPIM	OPIM – lower potential for exposure	Gloves, glasses, absorbent material, EPA disinfectant, red bag, dispose as first aid waste (non-regulated) in trash

		compactor.
Clean-up of broken glass contaminated with blood	Blood/OPIM – moderate potential for exposure	Gloves, broken glass clean-up kit (brush, tongs, dust pan), place in labeled cardboard box (Caution – broken glass). Place directly in trash compactor.
Handling of used feminine napkin bags	Blood/OPIM – lower potential for infection	Gloves, dispose in normal trash in plastic lined garbage bag.
Handling of blood stained clothes, towels, uniforms (Athletics)	Blood/OPIM – moderate potential for infection	Gloves, separate bagging and laundry of contaminated items
Clean-up of surfaces, equipment contaminated with blood/OPIM	Blood/OPIM – moderate potential for infection	Gloves, absorbent material, EPA disinfectant, dispose of in red bag as first-aid waste (non-regulated) and dispose in trash compactor.

- Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials (OPIM). The protective equipment should not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use. Employees should refer to blood borne exposure hazards, precautions and procedures chart to determine minimum levels of recommended PPE and procedures. If blood or OPIM does penetrate through clothing, the contaminated clothing should be removed immediately and separated for special laundry. Contaminated/used PPE should be disposed of depending on the level of contamination (minor first aid – plastic lined garbage, liquid blood/OPIM – biohazard disposal bag).
- **PPE should be reviewed and inspected on an annual basis by BBP Department Heads** to ensure it is in good condition and appropriate for the tasks and risks involved with potential exposure. Annual inspections should be documented by BBP Department Heads. **See Appendix E.**

Housekeeping & Laundry Procedures

- *Trained employees must decontaminate working surfaces and equipment* with an appropriate EPA approved disinfectant after completing first aid procedures or clean up of an incident involving blood or OPIM. All equipment, environmental surfaces and work surfaces shall be decontaminated immediately or as soon as feasible after contamination. In areas where there is potential for blood borne pathogens (ex. Health Services) the surfaces, equipment, and containers shall be kept free of contamination or transfer of contamination by implementing a decontamination cleaning protocol (schedule – frequency). Employees must clean and disinfect when surfaces become contaminated after any contact with blood or OPIM.
- The *first step is to assess and isolate the scene* (set up barriers to prevent other people from contact) and put on proper PPE (gloves).

- *Clean-up gross amounts of blood*/OPIM by carefully applying absorbent material and wiping up with disposable towels. Clean area from outward to inward, making contaminated areas smaller without stepping into contaminated area. Immediately dispose of in red bag.
- After first clean-up of all visible blood/OPIM (discard potentially contaminated gloves and re-glove), use an EPA registered high-level disinfectant (not quaternary ammonia) and follow directions. Allow generous amounts of disinfectant to sit on surfaces for at least 10 minutes or as instructed. Disinfect all surfaces, door, or faucet handles that may have been touched while cleaning up area or by the injured person. Apply disinfectant to bottom of shoes with a disposable towel to ensure that contamination does not spread to other areas. Dispose of used towels, absorbent, and gloves in red bag.
- *Contaminated broken glass* will be picked up using mechanical means, such as dust pan and brush, tongs, etc. Apply absorbent material. Blood contaminated glass should be placed in a cardboard box and labeled Caution – Broken Glass. Place directly in trash compactor.
- *All laundry will be handled as potentially contaminated with blood* or OPIM and will be handled as little as possible. Employees who handle contaminated laundry will utilize personal protective equipment (gloves at a minimum) to prevent blood or OPIM from coming into contact with skin or street clothes. Special handling, separate bagging, and separate laundering of obviously bloodstained towels and uniforms is performed by the Athletic Equipment Manager. Specific procedures should be outlined by each department and reviewed with affected BBP employees.

Medical Information

Hepatitis B Vaccination

- The Hepatitis B vaccination shall be made available to employees/student employees who have been designated in the "employee exposure determination chart" within 10 days of initial job assignment.
- SU Health Services will provide Hepatitis B vaccinations. The Department Supervisor will provide updates to the master BBP list as new employees are hired or when changes occur (the Safety Office will update the electronic campus-wide master list). The department supervisor will forward all completed HBV acceptance/declination forms to the Safety Office. The Safety Officer will forward acceptance/declination forms to SU Health Services to authorize the vaccine process. The vaccination is given in a series of three injections. The first injection date, then one month after a second injection is given, then four to five months after the first injection the third and final dose is administered. (0,1,6 months). SU Health Services will be reimbursed for vaccine dose costs upon submittal of completed vaccine acceptance forms to the Safety & Risk Man. Office.
- Vaccinations will be provided at no cost to employees.
- Employees who perform first aid (first-aid responders) may receive the HepB vaccine series at no cost after the first time they perform a first-aid response regardless of the use or lack of use of appropriate PPE (gloves, mask, etc.)
- All employees must sign the **vaccination form either accepting or declining the HepB vaccine if they have not yet done so**. Department supervisors are responsible to forward

the completed form to the Safety & Risk Man. Office for recordkeeping (updating the master list and to authorize the vaccine process).

- The healthcare professional's written opinion (medical report sent back to SU Human Resources Office who will copy the Safety Office for recordkeeping purposes) 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. This is to assure confidentiality of medical records (HIPPA).
- According to the Epidemiology and Prevention of Vaccine-Preventable Diseases, it is recommended that a total of 3 doses be given for 90%-95% lifetime protection against Hep B disease. Our protocol is the following: for those who have documentation of the first and or second dose, but not completed their series of three doses, they will be given the second and/or third dose and considered complete. For those who don't remember whether they have had their Hep B shot series, the employee can start the series with documentation at SU Health Services. This will not be detrimental to their health, if anything, their immune system will be boosted. For those who remember getting the Hep B shot series but don't have documentation, a blood titer may be drawn (upon request by employee) for status. If the status shows no immunity (approximately 10 mIU/ml or less), a new series of Hep B shots will be started and completed. If their titer shows immunity (greater than 10 mIU/ml), then they will be considered immune.
- **Hepatitis B Vaccination Acceptance/Declination Form** (Mandatory)
  1. Acceptance/Declination form – all employees who choose to participate or not to participate in the vaccination series must sign the required forms and the Department Supervisor is to forward the forms to the Safety Office.
  2. **See appendix A for form.**

Medical Evaluation and Treatment

- **Post-exposure Evaluation and Follow-up**: Immediately after an injury involving an "**exposure incident,**" the employee and their supervisor must complete the standard accident report and report immediately to Human Resources. The HR coordinator will contact the Safety Officer who will provide consultation in completing the **BBP incident report (Appendix D)** and evaluation of the circumstances surrounding the exposure. Employees determined to have an "exposure incident" will be provided medical treatment through the workers compensation program.
  1. Report to the local hospital emergency room for an incident that occurs off- hours or off-campus. After initial evaluation/treatment, records should be sent to Scott & White for medical follow-up. This is the responsibility of the employee.
- An "**exposure incident**" is a specific contact of someone else's blood or OPIM's with the employee's eye, mouth, non-intact skin, mucous membrane, or parenteral contact that could have the potential to transfer a blood borne pathogen related disease.
- The source individual should be asked if they are willing to proceed to Health Services after an "incident" so that they can be asked to sign a consent form and provide a blood sample to help determine if the exposed employee needs to be medically treated. This is a voluntary consent.
- Scott & White will usually provide medical services unless there is an off-hour or off-campus exposure incident (report to local E.R.).

- Medical records will be kept on file at the medical provider's facility (Scott & White).
- **The post-exposure medical evaluation and follow-up shall include the following:**
    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.
    4. The collection and testing of the source individual's blood for HBV and HIV serological status if consent is given.
    5. Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.
    6. Medical counseling for the exposed employee.
    7. Evaluation of any reported illness.

- The Safety Office will provide/forward the following information to the Human Resource Coordinator. HR Coordinator will send this information to the Healthcare provider.
    1. A copy of our BBP plan.
    2. A copy of the OSHA Blood Borne Pathogen regulations (29 CFR 1910.1030) (if requested).
    3. Documentation of the route(s) of exposure (exposure incident report).
    4. A description of the circumstances under which the exposure occurred (exposure incident report)
    5. Results of the source individual's blood testing, if available. Usually the source individual will need to be tested after the incident. (SU Health Services if open).
    6. All medical records applicable to treatment of the employee, including HepB 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 (will be sent by the Human resources Coordinator).

- 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 29 CFR 1910.20.

Employee Training

- Formal classroom training on the OSHA Blood Borne Pathogen Standard as well as an overview of our specific exposure control plan will be offered/provided by the Safety & Risk Man. Office each fall semester. All affected employees should carefully read and review our written exposure control plan. Required annual refresher training as well as new employee training will be provided by department authorized trainers for Athletics/SIRA and by the Safety Officer for all other departments.
- Initial training for new employees as well as annual refresher training covered under our plan will consist of either new employee safety orientation training by the Safety Office (Physical Plant) or departmental orientation training (Athletics/SIRA/SUPD).
- Instructions and specific hands-on procedures shall be provided by the department heads/supervisors listed in the administrative duties section prior to the employee engaging in BBP related work. Instruction should include hands-on instructions/review (safe first aid practices, proper PPE, proper disposal, proper decontamination and clean-up of blood, etc) as it relates to the employees job responsibilities.
- Training program materials, a copy of the OSHA Blood Borne Pathogen Standard, and a copy of our written exposure control plan will be available for employees, OSHA and NIOSH representatives at the Safety & Risk Man. Office.
- The training program will consist of the following elements:
    1. A copy of the standard made available and an explanation of its contents.
    2. A general discussion of the epidemiology and symptoms of blood borne diseases.
    3. An explanation of the modes of transmission of blood borne pathogens;
    4. An explanation of our Blood Borne Pathogen Exposure Control Plan, a method for obtaining copies and/or access.
    5. Review and recognition of tasks, job titles, and areas that may involve exposure.
    6. An explanation of the use and limitations of methods to reduce exposure, (engineering controls, work practices, and personal protective equipment).
    7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
    8. An explanation of the basis of selections of PPE.
    9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
    10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
    11. An explanation of the procedures to follow if an exposure incident occurs, including the method or reporting and medical follow-up.
    12. Information on the evaluation and follow-up required after an employee exposure incident.
    13. An explanation of the signs, labels, and color coding systems.

Recordkeeping

- Documentation of safety office training, training materials, and copies of employee incident reports will be kept on file at the Safety & Risk Man. Office. Departments should keep permanent records of employee/student training given by departmental authorized trainers.
- Human Resources Office will store original copy of employee exposure incident reports and post-exposure written opinions. The Safety & Risk Man. Office will store and maintain hepatitis B vaccination records, acceptance/declination forms, and a copy of the BBP program master spreadsheet that will be updated on an annual basis by the Safety & Risk Man. Office.
- Medical evaluation records will be stored at the medical provider's facility (Scott & White). Out of town records and local emergency room records should be sent to Scott & White for follow-up treatment (responsibility of employee).
- Records shall be maintained for length of employment plus 30 years.

Labels & Waste Disposal

- All regulated biohazard waste/material will be properly disposed of by our medical waste disposal vendor, "Biomedical Waste Solutions." Central storage for medical waste is located at SU Health Services. Regulated medical waste (full) will be temporarily stored in a biohazard labeled container provided by our waste vendor. Regulated medical waste will be disposed of in red-labeled biohazard bags or labeled sharps containers.
- Plain red leak-proof disposal bags should be used for most housekeeping clean-up procedures when absorbent material is sufficient to **solidify** the blood/body fluids and when no contaminated broken glass or sharps are involved. Plain red bags (non-regulated) should be promptly disposed of in the trash compactor behind the Physical Plant building to avoid comingling with normal trash.
- Students or employees who use needles, syringes, or sharps for personal medical purposes must use an **approved sharps container** to dispose of all contaminated or used sharps. Contact Health Services for information on obtaining a sharps container. The sharps container must be delivered to Health Services for proper disposal when full.
- Standard first aid supplies (used/soiled) – band-aids, small gauze pads with minimal amounts of semi-dry blood spots can be disposed of in the normal trash as long as it is plastic lined.

Appendix A – Hep B Vaccine: Acceptance/Declination

___ I have had a previous HBV vaccine series - approximate date/year: _____
___ I have not had a previous HBV vaccine series.
___ I don't recall if I ever had a HBV vaccine series **or** am concerned and want to be sure my HBV vaccine produced immunity and would like to request an antibody test to determine if I am considered immunized (blood test required – if sufficient antibodies are present there will be no need for the three shot vaccine series).

I understand that due to my potential for 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 me.

_____ (Initials) Date: _____ **ACCEPT**

PART A. I accept and want to participate in the vaccination program. I understand this is a voluntary part of the BBP program and that it is **my responsibility to show up for the three scheduled vaccinations.** The Safety Office will contact SU Health Services to authorize the HBV series upon completion and receipt of this form.

_____ (Initials) Date: _____ **DECLINE**

PART B. I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be at potential risk of acquiring hepatitis B, a serious disease, if I have an occupational exposure. If in the future I continue to have risk of occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can request and receive the vaccination series at no charge to me.

PRINT Name:_____
Signature:_____
Job Title: _____
Supervisor Name:_____

SU HEALTH SERVICES - Forward Completed Record to Safety Office
Date of 1st vaccine:_____
Man: _____ Lot# _____ Exp. Date: _____ Site: _____
Initials: _____
Date of 2nd vaccine (30 days later): _____
Man: _____ Lot# _____ Exp. Date: _____ Site: _____
Initials: _____

Date of 3rd vaccine (4 to 5 months after 1st vaccine): _____
Man: _____ Lot# _____ Exp. Date: _____ Site: _____
Initials: _____

HepB Titer Test (antibody test): Date:_____ Result: _____ HbsAb
____ Need HBV (negative test) ____ Do Not Need HBV – (positive test) - Min. 10mIU/ml
HbsAb - Hepatitis B Surface Antibody Titer is serologic evidence of immunity.

Invoiced Date: _____ Amount Invoiced: _____ Account Transfer: _____

Departmental Supervisors: Forward this Record to Safety Office

Appendix B

Updating to New Safer Medical Devices

BBP Engineering Control Reference Guide

This review must include updating and documenting our work practice procedures with special consideration to incorporate new safer "medical devices" to reflect changes/advances in technology that may reduce occupational exposure to blood borne pathogens. The following are good resources that can be reviewed while conducting the initial and annual review of safe work practices and safe sharps devices. Included in the initial review is the development and implementation of a BBP incident report (sharps injury log).

- OSHA BBP Standard – requirements for evaluating & selecting safe devices http://www.osha.gov/SLTC/bloodbornepathogens/index.html
- Selecting Safe Needle Devices - http://www.cdc.gov/niosh/sharps1.html

Annual Review - Updates to the BBP Policy and Work Practices

- 2003: The initial review of work practices and safe sharps devices was conducted on October 10, 2003 by SU Nurse and SU Safety Officer. A list of all sharps was identified and evaluated. Eight out of ten sharps in use were identified as having a safer engineered version available. The inventory list identifies sharps items that should be replaced and updated as soon as current inventory levels are depleted.
- 2004: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2005: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2006: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2007: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2008: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2009: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2010: No substantial changes, updated the master list of BBP employees and vaccination records.
- 2011: Substantial administrative changes were made to written program. New appendix sections for inspection recordkeeping. New medical provider (Scott & White) and new HepB vaccine provider (SU Health Services). Updated and reevaluated several positions to eliminate the risk of exposure to staff and student employees by avoiding duties with risk of exposure (Athletics – coaches and student workers). Updated master list of BBP employees and vaccination records.
- 2012: no substantial changes.

- 2013: Updated and revised several sections to reflect changes in personnel and updated procedures. Updated master list of BBP employees and vaccination records.
- 2014: no substantial changes.

Appendix C

Summary of employees evaluated to be in program:

Number of employees: 93 Work study students: 39 Total: 132

Funding and Scheduling for Pre-vaccination HBV

Vaccinations will be provided to employees (at no cost to employees) through SU Health Services and coordinated by the Safety Office and employee's supervisor. A qualified Nurse will perform the required vaccine injections at SU Health Services at a pre-arranged time/schedule (Supervisor and employee are responsible to schedule with SU Health Services Nurse). Upon completion of three injection series, SU Health Services will provide completed copy of HepB form to the Safety Office for documentation and to update the master campus-wide BBP list.

Pre or Post vaccination efficacy tests (TITER)

Employees interested in determining the effectiveness of their HBV vaccine status (immunity level) may arrange for a blood test at SU Health Services if they wish to do so – please contact the Safety Office for prior approval (complete an acceptance/declination form). This blood test is not required to be provided by employers, however, Southwestern University believes it is a "best practice" and will cover the costs involved to give extra assurance to our employees upon their formal request and a reasonable medical determination. In order for an individual to be considered protected "immune" for HepB, their blood test results should be a minimum of 10 mIU/ml.

Funding for post exposure treatment

Workers Compensation will only pay for medical treatment after an exposure incident **if** it leads to the contraction of a recognized BBP disease that was not pre-existing.

Employees that are occupationally exposed (regardless of contracting a disease) will receive medical treatment and counseling at no cost to the employee at our designated medical provider, Scott & White. Southwestern University will fund these costs.

Costs for initial evaluation, blood tests, and treatment vary considerably. A standard initial evaluation, standard blood tests, and follow-up with no treatments (no medicine) and no disease are estimated to cost approximately $560.00. An immune globulin shot if deemed necessary is estimated at an additional $400.00.

Appendix D

Southwestern University
Complete this report only for actual exposure (contact) with blood/fluid to non-intact skin or mucous membranes.

BBP Exposure Incident Report

Name: _____ Job Title: _____

Date of Injury: _____ SS #: _____

Supervisor: _____ Time of exposure: _____

Where did exposure incident occur (be specific):	
What task was being performed when the exposure occurred (describe the incident):	
What caused the exposure (it was the result of what condition or behavior):	
Who is the source individual (name and phone #):	Staff Faculty Student Other Name: Phone:
What specific part(s) of your body was exposed (circle):	Intact skin non-intact skin eyes nose mouth If skin: good condition abrasion/chapped/dermatitis
What body fluids were you exposed to (circle):	blood vomit urine OPIM:
Did the body fluid (circle):	touch unprotected skin soak through clothing other:
How much body fluid came in contact (circle):	< 1 teaspoon ~1 tablespoon > tablespoon
What personal protective equipment were you wearing:	latex/vinyl gloves safety glasses/goggles mask other:

If no PPE was worn, explain clearly why it was not:	
Was a medical sharps device involved : Was it a "safety designed device" If yes, what failed to prevent injury:	No Yes: specific device: Yes No
Have you received pre-exposure HBV vaccine:	No Yes: Date:
How could this exposure have been prevented:	
Circle all BBP training you have received:	written training module classroom training departmental instruction on job related tasks none
Employee Signature: Date:	
Supervisor Signature: Date:	
Human Resources Signature: Date:	
Safety Officer Signature: Date:	

Complete immediately and proceed to Human Resources Office. HR coordinator will contact Safety Office for consultation to evaluate and determine if an "exposure incident" occurred.

Complete immediately and proceed to "Emergency Room" for off - hours or off - campus incidents. Exposed employee should sign a consent form and request that all medical records be sent to: Scott & White, 425 University Blvd., Round Rock, Texas, (512-509-3926). Take a copy of this report to medical provider – original copy must go to S.U. Human Resources Office.

Last Revised 07-22-14.

Appendix E

Inspection of Personal protective equipment (PPE) Dept: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection of PPE: _____

Type of PPE inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Appendix F

Inspection of Engineering Controls - Dept: _____

Department Head/Supervisor conducting inspection: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting inspection: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Department Head/Supervisor conducting: _____

Engineering controls inspected: _____

Items noted for replacement: _____

Corrective Actions Taken: _____

Date Conducted: _____

Date:

Approved (signature and date):

Supervisor _____

Director of Physical Plant _____

AVP for Facilities _____

Vice President for Fiscal Affairs If needed_____

Copy:

All supervisors _____

Related crafts _____

Department Heads _____ _____

VP's _____ _____

President _____