1.0 PURPOSE: TO ELIMINATE, MINIMIZE AND CONTROL OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER PORENTIALLY INFECTIOUS MATERIAL (OPIM).

1.0 “Compliance Guidelines and Worksite Specific Procedures”

1.1 Management & Academic Staff of the Marquette University whose job tasks may result in exposure to blood or other potentially infectious biological materials (OPIBM) will establish and update as necessary (at least annually), a written Exposure Control Plan. This plan should reflect significant changes in employee tasks and procedures as they occur. The plan should reflect the exposure determination and requirements for Universal Precautions, work practices/housekeeping, engineering controls, personal protective equipment, training and education, post exposure medical evaluation, a work site survey, program assessment and recordkeeping as detailed below.

1.1 Purpose of Exposure Control Plan:

1.0 Eliminate or minimize employee occupational exposure to blood or other body fluids;
1.1 Identify employees occupationally exposed to blood or other potentially infectious materials while performing their regular job duties.
1.2 Provide employees exposed to blood and Other Potentially Infectious Biological Material (“OPIBM”) information and training. A copy of this plan is available to all employees during the normal work shifts.

1.2 Exposure Control Plan Elements:

1.0 Exposure Determination
1.1 Compliance Methods
1.1.1 Universal Precautions:
1.1.2 Engineering Controls and work practices
1.1.3 Personal Protective Equipment (PPE): Nitrile or vinyl gloves will be worn when handling human blood or preparations derived from human blood.
1.1.4 Housekeeping: all materials with human blood or preparations derived from human blood will be disposed of in biohazard waste for proper disposal.
1.1.5 Contaminated Laundry
1.1.6 Regulated Waste
1.1.7 Hepatitis B Vaccine
1.1.8 Post-Exposure Evaluation and Follow-up:
1.1.9 Communication of Hazards to Employees: Labels and Signs
1.1.9.1 Information and Training
1.1.10 Recordkeeping: medical and training records
1.1.11 Evaluation and Review.

1.3 Exposure Determination

1.3.0 Each department will evaluate routine and reasonably anticipated task and procedures, without regard to the use of personal protective equipment and clothing, to determine whether there is actual or potential exposure to blood or other potentially infectious materials. All employees performing such tasks with actual or potential risk for exposure
1.3.1 Marquette Police
1.3.1.1 Marquette Police Officers

1.3.2 Facility Services
1.3.2.1 Custodial Workers (Housekeeping Personnel)

1.3.3 Residence Life
1.3.3.1 Resident Assistants

1.3.4 School of Nursing, Dental School, Physician Assistant Studies
1.3.4.1 Faculty, Staff & Students

1.3.5 Health Sciences, Biological Sciences, Clinical Laboratory Sciences, and Chemistry Depts.
1.3.5.1 Faculty, Staff & Students (Incl. Research Laboratory Workers) When human blood or human cells are used in research or in teaching, the departmental personnel involved will be given a copy of this document.

1.3.6 Student Health Services
1.3.6.1 Staff & Students (providing care or assistance to patients)

1.3.7 First Aid Responders (Any Employee designated to work with injured or ill employees to provide first aid and or CPR in an emergency situation has an exposure.

1.3.8 MU Athletics Department, Recreational Sports
1.3.8.1 Athletic Trainers, Student Assistants, & Staff

1.3.9 An annual review of this program will require each area to maintain an assessment using FRM Health 302.05 Bloodborne Pathogens Exposure Area Assessment to determine degree of exposure and risk.

1.3.10 Occupational exposure can occur in many ways, including needle stick, cuts, or direct exposure to blood or body fluids. All employees performing such tasks with actual or potential exposure should be identified.

1.4 Compliance Methods

1.4.0 Concept is all human blood and other potentially infectious materials are treated as if known to be infectious for In general UNIVERSAL PRECAUTIONS, defined in PRO Health 302.03 Bloodborne Pathogens Clean up, must be observed to prevent contact with blood or OPIM This is the HIV, HBV, and other bloodborne pathogens.

1.4.1 Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Engineering controls means controls that isolate or remove the bloodborne pathogens hazard from the workplace. Work practice controls mean controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

1.4.2 Each Exposed Department shall establish work practices that include provisions for safe collection of fluids, tissues, and waste disposal. The EH&S Department is available to help determine a suitable method of disposal. Provisions must be made for safe removal, handling, and disposal of decontamination of protective clothing and equipment, soiled linens, etc. Work practices should provide guidance on procedures to follow in the event of spills or personal exposure to fluids or tissues. These procedures should include instructions for personal and area decontamination, as well as appropriate supervisory personnel to whom the incident should be reported.

1.4.3 If an employee’s skin or other mucus membranes (eyes, nose, mouth, open cuts and wounds) are exposed to blood or body fluids, as a result of an incident and/or providing first aid to another employee, he/she will be instructed to wash hands thoroughly with disinfected soap and utilize the eye wash stations (Located in the labs and
classrooms) if applicable, to clean wash eyes if exposure occurs.

1.4.4 Puncture-resistance receptacles (Sharps Container) must be readily accessible for depositing sharp objects after use. These receptacles must be clearly marked and specific work practices must be provided to protect personnel responsible for disposing of them or processing their contents for reuse. Where applicable, work practices shall include the following:

1.4.4.1 Faculty, Staff & Students shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

1.4.4.2 All personal protective equipment shall be removed immediately upon leaving a work area or as soon as possible if overtly contaminated, and placed in an appropriately designated containers for storage, washing, decontamination or disposal.

1.4.4.3 Used needles and other sharps shall not be sheared, bent, broken, recapped, or resheathed by hand.

1.4.4.4 Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in other areas of possible contamination.

1.4.4.5 Eating, drinking, smoking, applying cosmetics, lip balm, and handling contact lenses are prohibited in work areas where there is potential for occupational exposure (incl. designated first-aid areas).

1.4.4.6 All procedures including blood or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, and aerosolizing of these substances.

1.4.4.7 Mouth pipetting/suctioning is prohibited

1.4.4.8 When possible, lancets with recessed blades and automatic and permanent blade retraction will be used to minimize accidental punctures.

1.4.5 Cleaning and Disinfecting:

1.4.5.1 All equipment, environmental areas and work surfaces shall be properly cleaned and disinfected after contact with blood or other potentially infectious materials. Work surfaces shall be decontaminated with an appropriate disinfectant frequently.

1.4.5.2 Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced at the end of the work shift or when they become contaminated.

1.4.5.3 All bins, pails, cans, and similar receptacles intended for reuse that have a potential for becoming contaminated with blood or other potentially infectious materials shall be inspected, cleaned and disinfected on a regular scheduled basis and cleaned and disinfected immediately or as soon as possible upon visible contamination.

1.4.5.4 Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, a vacuum cleaner, tongs, cotton swabs, or forceps.

1.4.5.5 Specimens of blood or other potentially infectious materials shall be placed in a closable, leak proof container labeled or color-coded prior to being stored or transported. If outside contamination of the primary container is likely, then a second leak proof container that is labeled or color-coded shall be placed over the outside of the first and closed to prevent leakage during handling.

1.4.5.6 Reusable items contaminated with blood or other potentially infectious materials shall be decontaminated prior to
1.5 Regulated Waste

1.5.1 Regulated waste shall be discarded in proper containers and disposed of in accordance, with applicable federal and state regulations. The current practice for MU is that regulated waste be taken to the Wehr Life Sciences Infectious Waste Rm. Regulated waste includes:

1.5.1.1 Liquid or semi-liquid blood or OPIM

1.5.1.2 Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed.

1.5.1.3 Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.

1.5.1.4 Contaminated sharps.

1.5.1.5 Pathological and microbiological wastes containing blood or OPIM

1.5.2 If an employee’s clothing becomes contaminated with blood or OPIM they will be asked to remove the contaminated clothing (which will be placed in biohazard bag – leak proof if applicable) and special arrangements will be made to get additional or temporary clotting for the employee. Contaminated clothing shall be handled as little as possible with minimal agitation. Exposed Staff or Students may be asked to keep a change of clothing at work or in their vehicle in case their clothing becomes contaminated.

1.6 Engineering Controls:

1.6.1 When possible, engineering controls shall be used as the primary method to reduce exposure to harmful substances. To the fullest extent possible, intrinsically safe substances, procedures, or devices should be substituted for hazardous procedures or devices. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1.6.2 All alternative engineering control technique is the isolation or containment of the hazard. For example, disposable puncture-resistant containers for used needles, blades, etc., isolate cut and needle-stick injury hazards from the worker. Glove boxes, ventilated cabinets, or other enclosures for tissue homogenizers, sonicators, vortex mixers, etc., serve not only to isolate the hazard but also to contain spills or splashes and prevent spatter and mist from reaching the laboratory worker.

1.6.3 If occupational exposure remains after instituting these controls, then personal protective equipment (PPE) must be used.

1.6.4 When there is an occupational exposure, appropriate PPE shall be provided, replaced, cleaned, laundered, or disposed of at no cost to the employee. Currently, the employer provides gloves, masks, eye protection, aprons, etc.

1.6.5 The use of PPE shall be required. The department shall repair or replace personal protective equipment as needed to maintain its effectiveness. If occupational exposure remains after instituting these controls, then personal protective equipment (PPE) must be used.

1.6.6 When there is an occupational exposure, appropriate PPE shall be provided, replaced, cleaned, laundered, or disposed of at no cost to the employee. Currently, the employer provides gloves, masks, eye protection, aprons, etc. The list can be referenced in PRO Health 302.02 Bloodborne Pathogens Spill Response Kit.

1.6.6.1 The use of PPE shall be required

1.6.6.2 PPE shall be readily accessible for use. Each area that has conducted a FRM Health 302.05 Bloodborne Pathogen Exposure Area Assessment and has determined there is a potential risk shall designate areas where
BBP spill kits can be accessed. Spill kit supplies are available through EH&S.

1.6.7 The following are common task/procedures that require the use of personal protective equipment:

1.6.7.1 Laboratories – The use of gloves is required for processing body fluids and tissue specimens. Mask and protective eyewear are required when the worker’s mucous membranes may come in contact with body fluids.

1.6.7.2 Law enforcement – Whenever the possibility for exposure to blood or other blood fluids exists the appropriate protection should be worn, if feasible under the circumstances. In case of blood contamination of clothing, an extra change of clothing should be available at all times. Gloves should be provided or available to law enforcement personnel who may come in contact with blood, other bodily fluids, blood contaminated clothing, surfaces or blood contaminated hypodermic needles.

1.6.7.3 Gloves, facemask and eye protection or face shields are required for laboratory and evidence technicians whose jobs entail potential exposure to blood via a splash to the face, mouth, nose, or eyes. This would also apply to evidence technicians removing or scraping dried blood.

1.6.7.4 Officers may require additional protective clothing, such as overalls, aprons, boots, or protective shoe covers—especially when the crime scene has unusual hazards or involve violent behavior when large amounts of blood are present. Pock mouth-to-mouth resuscitation mask can be used by law enforcement personnel to isolate response personnel from contact with victim’s bodily fluids.

1.7 Hepatitis B. Vaccination

1.7 The Hepatitis B Vaccine and vaccination series shall be made available to all employees who have an occupational exposure.

1.7.1 It shall be made available with 10 working days of initial assignment if there is an occupational exposure.

1.7.2 If Staff or Students decline the vaccination, FRM Health 302.02 Bloodborne Pathogen Declination must be signed or medical proof that they have already received the vaccination.

1.7.3 The Hepatitis B vaccination process must use FRM Health 302.01 Hepatitis B Vaccination:

1.7.4 Be made available to employees at no cost.

1.7.5 Be made available at a reasonable time and place.

1.7.6 Be performed under the supervision of a licensed medical personnel who must receive a copy of the standard.

1.7.7 Follow U.S. Public Health Service current recommendations.

1.7.8 Be conducted by Student Health Services or an accredited medical facility.

1.8 Post-exposure Evaluation and Follow-up

1.8.0 Post-exposure evaluation (at no cost to the employee) and follow-up shall be made available to all employees who have had an exposure incident. FRM Health 302.03 Bloodborne Pathogen Exposure Incident must be used for documentation. An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or OPIM that results from the performance of an employee’s duties.

1.8.1 Following an exposure incident, a confidential medical evaluation and follow-up shall be made immediately
available to the exposed employee which includes:

1.8.2 Documentation of the circumstances, route(s) of exposure, and identification of the source individual.
1.8.3 A blood test of the “source” individual with results made available to the exposed employee.
1.8.4 A blood test for the exposed individual.
1.8.5 Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
1.8.6 Counseling.
1.8.7 Evaluation of reported illness.
1.8.8 The health care professional handling an exposure incident shall be given:
1.8.9 A copy of the Standard.
1.8.10 A description of the exposed employee’s duties related to the incident.
1.8.11 Documentation of the circumstances of the incident.
1.8.12 Results of the source individual’s blood test.
1.8.13 The employee’s relevant medical records
1.8.14 The health care professional’s written opinion must be provided to the employee with 15 days of completion of the evaluation.

1.9 Communication of Hazards to Employees

1.9.0 Labels, Biohazard labels shall be affixed to containers or regulated waste and other containers used to store, transport or ship blood or OPIM.
1.9.1 Training shall be provided to all employees with an occupational exposure, at no cost to the employee, and during working hours.
1.9.2 Training will be completed within 10 days of initial assignment and at least annually thereafter with a written record kept.
1.9.3 The required training will include all components in paragraph 29 CFR 1910.1030 (g)(2).
1.9.4 A copy of the department’s policy and procedure as well as a copy of the OSHA Standard and an explanation of its content.
1.9.5 A general explanation of the epidemiology and symptoms of bloodborne diseases.
1.9.6 An explanation of the modes of transmission of bloodborne pathogens
1.9.7 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
1.9.8 An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
1.9.9 Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment.
1.9.10 An explanation of the basis for selection of personal protective equipment
1.9.11 Information on the Hepatitis B vaccine, including information on its efficacy, safety and the benefits of being
1.10 Record Keeping: Medical and Training Records

1.10.0 Medical records for Faculty, Staff, and Students shall be stored in Health services.

1.10.1 Medical records shall be maintained for each employee with an occupational exposure.

1.10.2 The medical records shall include:

1.10.3 Name and social security number of the employee.

1.10.4 Hepatitis B vaccination record

1.10.4.1 A copy of all exam results, medical testing, and follow-up procedures.

1.10.4.2 A copy of the health care professional’s written opinion.

1.10.4.3 A copy of the information provided to the health care professional.

1.10.5 Records shall be kept confidential and not disclosed without the employee’s express written consent to any person within or outside the workplace.

1.10.6 Records shall be maintained for the duration of employment plus 30 years and copied only with the written consent of the employee.

1.10.7 Training records:

1.10.7.1 Training records shall include:

1.10.7.1.1 Dates of training sessions

1.10.7.1.2 Content or a summary of the training session

1.10.7.1.3 Names and qualifications of persons conducting the training

1.10.7.1.4 Name and job titles of all persons attending the training sessions.

1.10.8 Training records shall be maintained for three (3) years from the date of training and copied when requested. These records will be kept in the Environmental Health and Safety.

1.11 Work Site Survey/Competency Assessment:

1.11.0 Each Department, along with the risk employees shall conduct a workplace self-inspection using FRM Health 302.04 Bloodborne Pathogens Exposure Control Competency Assessment at least annually to ensure that required work practices are observed and that protective clothing and equipment are provided and properly used. Investigation of known or suspected parental exposures to body fluids or tissues must be made to establish the condition surrounding the exposure and to improve training, work practices, or protective equipment to prevent a
1.11.1 The EH&S Department will follow-up and evaluate the effectiveness of the Bloodborne Pathogens Program to include exposed employees, effectiveness of training and employee/management work practices in conformance with training, policy and procedures, and will update the program accordingly as needed.

1.11.2 Each exposed department is required to have written work practices, which meet the requirements of this program. The department chairpersons’ are required to appoint a designated representative to review the work practices with exposed employees as required by the standard. The work practices shall be reviewed at least annually and re-submitted to the EH&S Department if changes or modifications occur. The EH&S Department will provide assistance where needed with Annual Training relating to the Standard.