

**POLICY TITLE:** Bloodborne Pathogens Exposure Control

**POLICY OWNER:** Office of Environmental Health and Safety

**FUNCTION:**

**POLICY CODE NO: 1**

**EFFECTIVE DATE:** September 1, 2011

**REVIEW PERIOD:** Annually

**REVISION DATE:** November 18, 2024

## I. DEFINITIONS:

- A. **Body fluids considered infectious:** substances that have been implicated in transmitting HIV and viral hepatitis, such as blood, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.
- B. **Body fluids considered non-infectious if no visible blood present:** sputum, nasal secretions, saliva, sweat, tears, urine, feces, and emesis (gastric fluids).
- C. **Bloodborne Pathogens:** pathogenic microorganisms present in human blood and can cause human disease. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- D. **Center for Disease Control (CDC):** the leading national public health institute of the United States.
- E. **Environmental Health and Safety (EHS) Liaison:** an employee within an NSU Health Clinic, NSU College, or Business Unit designated to handle safety issues outlined by the NSU Office of Environmental Health and Safety. Please see the list of EHS Liaisons on the NSU Office of Environmental Health and Safety website at <https://www.nova.edu/ehs/index.html>.
- F. **Emergency Department (ED):** a facility that is usually attached to a general medical hospital, sometimes called an Emergency Room (ER), that is staffed and manned 24 hours a day by physicians and trained personnel who handle various medical emergencies.
- G. **Employee:** An individual determined to be at risk for occupational exposure to blood or body fluids by employment who has been assigned an NSU ID number and receives a University payroll check, including any students receiving compensation from NSU.
- H. **Engineering controls:** use of physical means to isolate a hazard, such as disposable

sharps containers and self-sheathing needles.

- I. **Exposed person:** a person exposed to blood or body fluids through needle sticks, instruments, sharps, surgery, or traumatic events, including faculty, employees, residents, and students.
- J. **Exposure incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, body fluid, or other potentially infectious materials that results from performing an employee's duties.
- K. **HBV:** Hepatitis B Virus.
- L. **HCV:** Hepatitis C Virus.
- M. **HIV:** Human Immunodeficiency Virus that has been identified as the causative agent of AIDS.
- N. **Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows them to independently perform the activities required to provide hepatitis B vaccinations.
- O. **Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from performing an employee's duties.
- P. **Other Potentially Infectious Materials** means:
  - (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
  - (3) HIV-containing cell or tissue cultures, organ cultures, HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- Q. **Post-Exposure Prophylaxis (PEP):** a defined regimen, as formulated by the CDC, to aid in the prevention of the development of infection with HIV and prescribed by an evaluating institution or physician.
- R. **Post-Exposure Management Team:** a team of individuals usually identified by the NSU Office of Environmental Health and Safety and/or NSU Health Clinics or other responsible personnel involved in an exposure who are responsible for follow-up with the exposed person. Team members may vary according to need and circumstances surrounding exposure incidents. They will usually include the physician involved in

the exposed person's evaluation, a physician to continue PEP treatment, and/or other persons knowledgeable in the care process and assessment of individuals exposed to bloodborne pathogens.

- S. **Post-Exposure Management to Hepatitis B and Hepatitis C:** a defined regimen of serologic testing, follow-up, and treatment may be recommended by an evaluating institution or physician.
- T. **Resident:** means one of the following:
  - a. An individual who participates in an approved Graduate Medical Education program, including osteopathy, dentistry, and podiatry programs.
  - b. A physician not in an approved Graduate Medical Education program but authorized to practice only in a hospital, such as, individuals with temporary or restricted licenses, or unlicensed graduates of foreign medical schools.
- U. **Sharps:** devices likely to puncture a bag, including needles, lancets, scalpel blades, sharp pipettes, slides, broken/contaminated glass, surgical staples, orthodontic wires, and wooden applicator sticks.
- V. **Source Individual:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of exposure to an exposed person.
- W. **Sterilize:** the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
- X. **Student:** any individual enrolled in a degree-granting program, including NSU health profession students and visiting students.
- Y. **Universal precautions:** an approach to infection control that treats all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV, and other bloodborne pathogens (Bloodborne Pathogens Standard 29 CFR 1910.1030(b)).
- Z. **Work Practice controls:** altering how a task is performed, such as prohibiting the recapping of needles.

## II. POLICY

NSU's policy is to provide and maintain a safe and healthy working environment for employees and students. To this end, NSU is committed to developing and implementing health and safety programs for the benefit of its employees and students and to maintaining compliance with Federal, State, and local laws.

Related NSU Policies:

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- NSU Environmental Health & Safety Laboratory Safety Plan.
- NSU Bloodborne Pathogens Post-Exposure Policy and Procedure for Management of Blood and Body Fluid Exposure.
- NSU Biomedical Waste Operating Plan.

### **III. SCOPE OF IMPLEMENTATION**

- A. This policy is institution-wide and applies to all NSU Healthcare Personnel, employees, and students. It includes clinical laboratories, research laboratories, dental clinics, and all other healthcare clinics and facilities operated by NSU.
- B. The requirements in this policy apply to all employees where occupational exposures to human blood, blood components, and other sources of bloodborne pathogens are anticipated.
- C. This policy also applies to individuals other than employees who may come into contact with or be exposed to bloodborne pathogens, such as faculty, students, visitors, contractors, and vendors.
- D. The method of dissemination and education regarding such policy shall be the responsibilities of the Department Chairs or their designee EHS Liaisons, the Program Directors for each residency and or health profession academic program, the Associate Dean of Academic Affairs for students, and the Office of Environmental Health and Safety for those not directly under those areas. Everyone who may come in contact with bloodborne pathogens should know and understand the policies and procedures in this Exposure Control Plan.
- E. Positions of employment within NSU are categorized for potential exposure to bloodborne pathogens. Employees in the positions deemed by the federal Occupational and Safety Administration (OSHA) to be at significant risk are offered and given Hepatitis B vaccinations at employer expense per the guidelines of OSHA. NSU Health profession students, visiting students, and residents must be vaccinated for Hepatitis B and present serologic results before beginning their programs.

### **IV. INTRODUCTION**

The Occupational Safety and Health Administration (OSHA) issued the standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens,” to protect employees from exposure to bloodborne pathogens which include human body fluids that may be potentially contaminated with the Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), or any other bloodborne pathogens. This policy outlines strategies and specific safety practices for employees who work with human blood and body fluids.

### **V. PURPOSE**

- 1) To ensure that all employees who have the potential to come into contact with blood and body fluids are identified, educated, and trained on the appropriate measures to limit exposure to blood and body fluids by implementing various methods of exposure control, mitigating potential exposures, utilizing universal precautions and identifying hazards in the workplace in compliance with the Occupational Health and Safety Act (OSHA) standard 29 CFR.
- 2) To provide timely post-exposure evaluation and follow-up to those sustaining exposure to potentially infectious blood or body fluids. This policy for post-exposure evaluation and follow-up attempts to make a reasonable good-faith effort to ensure that measures are taken to minimize the risk of infection secondary to the exposure. Additionally, a reasonable good-faith effort should be made to ensure that the circumstances surrounding the exposure are investigated and documented and that the exposed person receives medical consultation, follow-up, and treatment, if necessary, within a reasonable time.

## **VI. REVIEW:**

This policy is subject to annual review, update, and approval by the Office of Environmental Health and Safety and the NSU Health Clinics as required by changes in federal guidelines, Florida Statutes, or institutional need.

## **VII. EXPOSURE DETERMINATION**

Exposure determination is based on an employee’s reasonable potential for exposure to blood or other potentially infectious materials that they may come into contact with during their job duties. Exposure determination shall be made without using personal protective equipment (PPE).

### Category I

This category includes all employees and students whose routine duties involve direct contact with blood, body fluids, or tissues. Every employee and student engaged in Category I tasks will be required to use appropriate protective measures. All faculty, employees, and students in this group will be offered the Hepatitis vaccine within ten days of initial assignment and must receive training prior to the commencement of their duties.

Personnel who fall into this category are:

Job Classification	Job Exposure
Laboratory technicians	Patient Care OPIM
Phlebotomists	Patient Care OPIM
Nurses/Medical Assistants/Dental	Patient Care OPIM
Physicians	Patient Care OPIM
Research technicians	Biological agents

PPD Plumbers	Hepatitis B and Hepatitis C Risk
PPD Staff that does Plumbing	Hepatitis B and Hepatitis C Risk

Category II

This category includes employees and students whose routine duties involve no exposure to blood or OPIM but may require performing unplanned tasks in Category I. Although the regular work routine involves no contact with blood or OPIM, contact may be required as a condition of employment. Appropriate protective measures shall be readily available for every employee engaged in Category II tasks.

Personnel who fall into this category are:

Job Classification	Job Exposure
Researchers	Potential biologicals
MOA Maintenance/custodial staff	Clean and maintain restrooms and emergency spills/cleanup

**VIII. PROCEDURES**

**A. Methods of Implementation and Control**

Universal Precautions

Universal Precautions shall be used to prevent contact with blood and other potentially infectious materials. If it is difficult or impossible to differentiate between body fluid types, all body fluids should be considered potentially infectious materials.

The following precautions apply to all healthcare professionals, employees, and students who may be exposed to human specimens and patients.

- Use appropriate barriers/PPE to prevent skin and mucous membrane exposure when in contact with blood or bodily fluids.
- Use disposal gloves when working with blood and bodily fluids and when handling items or surfaces contaminated with blood and bodily fluids.
- Use protective eye wear, or face shields during procedures that are likely to generate droplets of blood or other bodily fluids thus preventing exposures of the mucous membranes of the mouth, nose, and eyes.
- Use gowns or aprons during procedures that are likely to generate splashes of blood or other bodily fluids.
- Take the necessary precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during or after medical procedures, cleaning instruments, and disposal of used needles.
- Employees with exudative lesions or weeping dermatitis must wear gloves until the condition is resolved.

## Engineering and Work Practice Controls

Engineering and Work Practice controls shall be used to eliminate or minimize employee exposure. Personal protective equipment shall also be used when the risk of occupational exposure remains despite the use of engineering and work practice controls.

### 1) Handwashing

- a. All personnel are required to wash their hands immediately or as soon as feasible after the removal of gloves or other personal protective equipment, even if there is no known exposure.
- b. Following exposure to blood or other potentially infectious materials, personnel shall wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible.
- c. Eye wash stations are provided in all areas where the potential exists for the contamination of the eyes or face.
- d. Handwashing facilities with soap and running water are readily accessible. If a handwashing facility is unavailable, an appropriate antiseptic hand cleanser, paper towels, or antiseptic towelettes may be used. Hands should still be washed with soap and water as soon as feasible.

### 2) Sharps – Disposal and Containers

- a. Sharps are never to be discarded into the regular trash.
- b. Bending, shearing, or breaking used needles is strictly prohibited.
- c. Approved sharps containers are closable puncture-resistant hard plastic, leakproof, and labeled as biohazard.
- d. All sharps containers are to be kept in the upright position and filled no more than  $\frac{3}{4}$  of the way.
- e. The height of the sharps containers must be such that the container's opening is visible to most users.
- f. A needle-syringe assembly is deposited as a unit directly into a sharps container. Needles attached to IV tubing should be cut off and discarded directly into the sharps container. The remainder of the IV tubing should not be discarded into the sharps container.

### 3) Sharps – Safety Devices

- a. Safety butterflies, syringes, lancets, and straight needles must be employed whenever possible. Before purchasing, the safety committee or supervisor shall evaluate all safety devices for the staff's ease of use and protection. The staff needs to understand the technology and activation system of safety devices; a passive system is preferred to a system that requires staff activation. All personnel must have training on the safety device before using the device. All used devices are disposed of in the sharps receptacle.

- b. Needles are not to be used in the delivery of IV products. Needleless access devices are employed on all central lines and on intermittent injection sites. Entry into the IV system shall either be through an existing needleless port in the IV line or by applying a needleless access pin to the IV port.

#### 4) No Recapping of Needles

- a. Needles are not to be recapped or disassembled from syringes before disposal unless recapping is required for procedural or safety reasons. An example is a needle that must be removed from a blood gas syringe before sending the syringe to the laboratory and the needle must be recapped before it can be safely removed. In such an instance, a specifically designed recapping device or the one-handed technique is to be employed for safe recapping of the needs.
- b. One-handed recapping technique:
  - Place the needle cap on a countertop or table.
  - Remove the hand from the cap and away from the needle.
  - Holding only the syringe, guide the needle into the cap.
  - Lift the syringe so the cap is sitting on the needle hub.
  - Secure the needle cap into place.

#### 5) Specimen Containers

- a. Specimen containers must be inspected daily for leakage.
- b. If a facility utilizes Universal Precautions in the handling of all specimens. The labeling/color-coding of specimens is not necessary while the specimens/containers are within the facility, provided containers are recognizable as containing specimens. They must be labeled or color-coded when the specimen/containers leave the facility.
  - i. All specimen containers must be clearly labeled and either labeled with a biohazard label or placed in a biohazard specimen bag. A readily observable label shall be attached to the equipment stating which portions remain contaminated. Medical waste containers for the disposal of contaminated gloves, etc. must be kept closed when not in use and clearly have the biohazard label displayed.
- c. Tighten the lids of the containers to prevent leakage and contamination on the outside of the containers, and if necessary, decontaminate the specimen container before transporting or place the specimen in a sealed zip-lock bag or inside another leakproof container. Gloves are to be worn when handling, transporting, or processing all specimen containers.

#### 6) Biosafety Cabinets

- a. Biosafety cabinets provide staff, the environment, and product protection against potential hazards that may be present as an airborne particulate. This protection is achieved through HEPA (High Efficiency Particulate Air) filtration. Biosafety cabinets



are used in laboratories to provide employees with protection from splashing, spraying, and inhalation of potentially infectious materials.

- b. Certification of biosafety cabinets are required regardless of its usage annually. Decontamination prior to certification and certification of biosafety cabinets must be performed when one of the following occurs: cabinet relocation, HEPA filter replacement, or repair or maintenance on any sealed portion of the cabinet. All newly installed biosafety cabinets must be certified in place before their initial use regardless of the usage type.
- c. Decontamination and certification must be performed by an outside contractor. All individual certifiers must be accredited by a nationally recognized accreditation program such as but not limited to the National Sanitation Foundation. The biosafety cabinet certification procedure must comply with the National Sanitation Foundation's Standard Number 49: Class II (Laminar Flow) Biohazard Cabinetry.

#### 7) Food, Eating, and Drinking

- a. In working areas such as procedure rooms, laboratories, or dental labs where there is a reasonable potential of occupational exposure to blood or body fluids, eating, drinking, smoking, applying cosmetics (excluding hand cream), or handling contact lenses is prohibited.
- b. Food and drink are prohibited to be stored in refrigerators, freezers, or cabinets which are, at any time, used for blood storage or other potentially infectious materials.

#### 8) Laboratory Procedures

- a. All laboratory procedures involving blood or other potentially infectious materials shall be performed in a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- b. Laboratory procedures with potentially infectious blood or body fluids which may generate splashing, spraying, or produce droplets are to be performed in a biosafety cabinet or behind a plexiglass shield which protects the face of the laboratory personnel. Alternatively, a splash mask and goggles or face shield must be worn by the laboratory worker. Such procedures include but are not limited to vigorous mixing, opening of vacutainer tubes or other stoppered / pressurized specimen containers.
- c. When centrifuging potentially infectious body fluids, covers shall be used on the carriers/buckets. Do not open a centrifuge immediately after it has come to a full stop. Wait a few minutes then remove any specimens. If there is a breakage in the centrifuge, wait at least 5 minutes after the centrifuge has stopped and all the pieces have settled before opening the lid.
- d. Mouth pipetting of blood or other potentially infectious materials is prohibited.

#### 9) Patient Care Procedures

- a. All patient care procedures involving blood or other potentially infectious materials shall be handled in such a manner as to minimize splashing, spraying, spattering, or generation of droplets of these substances.
- b. Patient care activities that may result in splashing or spraying of body fluids include but are not limited to debriding wounds, changing soaked dressings, flushing ports of needleless IV systems, and cleaning teeth.

#### 10) Equipment Decontamination

- a. Any equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and decontaminated as necessary unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. The equipment shall be labeled with a biohazard symbol stating which portions remain contaminated.
- b. This information shall be conveyed to all affected employees, servicing representatives prior to handling, servicing, or shipping so that appropriate precautions will be taken.

#### 11) Disinfection and cleaning

- a. Work surfaces, biosafety cabinets, and other laboratory equipment may be cleaned and disinfected with a freshly prepared 1:10 dilution of concentrated household bleach in the absence of overt contamination (i.e. splash or spill). Other EPA approved disinfectants may be used for routine cleaning and disinfection if they are labeled "tuberculocidal." For a list of approved tuberculocidal agents see:  
<https://www.epa.gov/pesticide-registration/list-b-antimicrobial-products-registered-epa-claims-against-mycobacterium>.

#### 12) Sterilization

- a. Objects to be sterilized should first be thoroughly cleaned to remove blood, tissue, food, and any other organic residue. Steam sterilization is the best way to achieve total inactivation of biohazards.

#### 13) Biological Spills

- Blood or OPIM spills in academic, administrative, laboratory or other general areas of NSU campuses will be cleaned up and disinfected according to the procedure described below. These operations are not viewed as emergency responses and will be conducted by general safety personnel who have received appropriate training. The procedure is designed to minimize the chances of employee exposure and shall be carefully followed.
- a. Secure the area and call Campus Security, if necessary. If the spill situation appears to be larger than what the available spill kit supplies, Security should secure the area and request assistance from the Office of Environmental Health and Safety.

- b. Put on gloves and if wet mop clean-up is required wear safety goggles.
- c. Disinfect the spill by using a quaternary ammonium disinfectant, a freshly prepared 1:10 dilution of bleach to water for small spills. Use disinfecting absorbent beads, such as “Vital 1” for large spills.
- d. Areas with floor drains may be mopped and rinsed to the sewer. Areas without floor drains may be wet mopped with detergent/water followed by a wet mop rinsed with disinfectant water. Carpeted areas may be wet vacuumed with detergent/water followed by a disinfectant/water rinse.
- e. If disinfecting absorbent beads are used, the solidified waste will be placed in a “biohazard red bag” marked with the standard biohazard symbol.
- f. Any regulated medical waste associated with the spill such as a blood-soaked towel, will be placed in a “biohazard red bag” marked with the standard biohazard symbol.
- g. After the clean-up, all surfaces will be treated with disinfectant such as a freshly prepared 1:10 dilution of bleach to water, or quaternary ammonium, and the surface area allowed to air dry.
- h. Gloves worn during the clean-up process that are contaminated are to be placed in a “biohazard red bag” marked with the standard biohazard symbol.
- i. Immediately after completing the cleanup, disinfecting the area, and the removal of gloves, the employee will thoroughly wash their hands and any exposed skin surfaces with disinfectant soap.
- j. The Office of Environmental Health and Safety shall be notified to remove any “biohazard red bag” waste generated by the spill in public areas.
- k. The area shall not be left unattended until cleaned, disinfected, and cleared of any “biohazard red bag” waste.
- l. In clinic areas or laboratories, biological spills will be cleaned up immediately, and all biohazard waste stored in the appropriate storage areas until the scheduled pick-up.

### Personal Protective Equipment

Multidisciplinary clinical, dental and research procedures conducted at NSU requires that personal protective equipment (protective clothing and safety apparatus/equipment) be used to protect the employees, students, and researchers from contact with infectious, toxic and corrosive agents, excessive heat, cold, fire and other physical hazards. Suitable Personal Protective Equipment (PPE) also protects the patients or experiment from contamination. The extent and kind of clothing and equipment to be selected for any particular activity depends upon the clinical and research operations and levels of risk associated with the procedure.

While PPE is an important component of any safety plan, PPE is used with the understanding that PPE serves as a second line of defense. Good patient techniques, laboratory procedures with appropriate laboratory equipment, and implementation of proper Engineering and Work Practice controls are the primary barriers against potential exposure to hazardous agents.

### Housekeeping

The worksite shall be maintained in a clean and sanitary condition. All equipment and working surfaces in which the handling of blood or OPIM had occurred must be decontaminated upon:

1. Completion of a procedure;
2. Immediately or as soon as possible when surfaces are clearly contaminated or after any spill of blood or OPIM; and
3. The end of the work shift, if the surface could have been contaminated since the last cleaning.

Bins, cans and pails intended for reuse must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated as soon as feasible upon visible contamination. Broken glassware that may be contaminated must be picked up using mechanical means, such as a brush and dustpan, tongs, forceps, or other mechanical means. Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

Decontamination of blood or OPIM must be conducted using an appropriate disinfectant that is effective against tuberculosis, HCV, HBV and HIV, such as a diluted 10% bleach solution. It is the responsibility of the individual causing the contamination to clean and disinfect the area.

### Laundry

Laundering of personal protective equipment is to be provided by the department at no cost to the employees or students.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Each department shall ensure that employees or students who are in contact with contaminated laundry wear the appropriate gloves and other appropriate personal protective equipment.

Contaminated laundry shall be bagged at the area of use and not sorted or rinsed. Contaminated laundry shall be placed and transported in containers labeled according to the hazards communication section unless the facility utilizes Universal Precautions in handling all soiled laundry. Then alternative labeling is sufficient if all employees recognize the containers as requiring compliance with Universal Precautions. If the laundry is wet, it shall be placed and transported in leakproof bags.

If laundry is shipped offsite to a commercial facility that does not utilize Universal Precautions in its handling of all laundry, bags or containers with appropriate labeling and/or color-coding

will be used to communicate the hazards associated with this material.

#### Labels and Regulated Medical Waste

All biomedical waste shall be labeled and managed in accordance with NSU's Biomedical Waste Operating Plan, NSU's Hazard Communication (found [HERE](#)).

### **B. Hepatitis B Vaccination**

The hepatitis B vaccination series is available at no cost after an employee receives training on this Exposure Control Plan and the Post-Exposure Policy and Procedure for Management of Blood and Body Fluid Exposure (found [HERE](#)) and within 10 days of initial assignment of employees identified in the Exposure Determination section of this Plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) a medical evaluation shows that the vaccination is contraindicated.

If an employee chooses to decline vaccination, the employee must sign a declination form which is attached to this Plan as Attachment A. Employees who decline may request and obtain the vaccination later at no cost.

All declination forms and vaccination forms are maintained in the employee's health records and remain confidential.

### **C. Post-Exposure Evaluation and Follow-Up (policy)**

Employees experiencing exposure incidents must follow the process and procedures laid out in NSU's Post-Exposure Policy and Procedure for Management of Blood and Body Fluid Exposure.

### **D. Communication of Hazards to Employees (policy)**

All information relating to Hazard Communications can be found in NSU's Hazard Communication Plan.

## **IX. TRAINING**

All employees, faculty and students who handle blood or other potentially infectious materials shall be trained at the time of initial hire and annually thereafter. Additional training shall be provided upon any modification of tasks, procedures, or the institution of new tasks or procedures which affect occupational exposure. General training and annual retraining is offered through the Office of Environmental Health and Safety.

At minimum, the training program covers the following elements:

- A copy and explanation of the contents of 29 CFR 1910.1030.
- An explanation of our Exposure Control Plan and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve

exposure to blood and other potentially infectious materials, including what constitutes an exposure incident.

- An explanation of the use and limitations of engineering controls, work practices, and PPE.
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the Hepatitis B Vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that NSU is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used at NSU facilities.
- An opportunity for interactive questions and answers with the person conducting the training session.

## **X. RECORDKEEPING**

- A. All training records will be maintained for at least three years from the date of the training and be kept in the employee's personnel file. These records will be made available for examination and copying as required under OSHA. The training records include the dates of the training session(s), a summary of the training session(s), the names and qualifications of individuals conducting the training, and the names and job titles of all persons attending the training sessions.
- B. All medical records are kept confidential and maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020 "Access to Employee Exposure and Medical Records."
- C. Complete information on the documentation and recordkeeping for employees, OSHA exposure recordkeeping, and the Sharps Injury Log can be found in the NSU Post-Exposure Policy and Procedure for Management of Blood and Body Fluid Exposure located [HERE](#).

## **XI. CONTRACTORS AND VENDORS**

Outside contractors must make a copy of their blood-borne pathogens program and their exposure control plan available to the Office of Environmental Health and Safety. Those who fail to follow the program requirements will be asked to leave the premises. Contractors with an insufficient program will not be allowed to begin work until their program meets or exceeds the requirements of this program. In areas where employees have been working with infectious materials, the area must be decontaminated before any construction or renovation can begin; this would apply to counter tops, cabinets and instrumentation surfaces.

Vendors who are required to work, fix, or maintain instrumentation that may be contaminated are required to wear PPE.

## **XII. COMPLIANCE CONTACT**

If you would like further information on the NSU Post Exposure Policy for Management of Blood and Body Fluid Exposure, or have additional questions, please contact us via email at the Office of Environmental Health and Safety point-of-contact: [EHS@nova.edu](mailto:EHS@nova.edu).

## **XIII. ENFORCEMENT**

All employees having roles or responsibilities covered under this policy are expected to be thoroughly familiar with the policy and its procedures and obligations as they pertain to the employee's role. Failure to comply with this policy may result in disciplinary action pursuant to all applicable university policies and procedures.

## ATTACHMENT A

NOVA SOUTHEASTERN UNIVERSITY HEPATITIS B VIRUS (HBV) VACCINE ACCEPTANCE OR DECLINATION FORM
Acceptance Statement

I, the undersigned, acknowledge that my employer, Nova Southeastern University has offered the hepatitis B virus (HBV) vaccine to me at no cost. I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job.

I wish to receive the hepatitis B virus vaccine.

Employees name (printed)

Employees signature

Badge Number

Department

Supervisor / Witness signature

Date

NOTE: If you accept to receive the hepatitis B vaccine, you must report to the designated medical provider within 10 working days of signing this form.

### Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

All my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

Employee's name (printed)

Employee's signature

Badge Number

Department

Supervisor/Witness signature

Date

**Retain a copy of as a document in Employee's medical record for 30 years after termination of employment**