Salisbury University Exposure Control Plan

Date: October 16, 2025 Reviewed and Updated

REGULATORY STANDARDS: OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030

I. FORMAL POLICY STATEMENT

Certain job activities at Salisbury University have the potential for employee and student exposure to human blood and/or body fluids. Human blood, other body fluids, and unfixed human tissues are potential sources of harmful and lethal diseases such as Hepatitis B, Hepatitis C, Creutzfeldt-Jakob disease and acquired immunodeficiency syndrome (AIDS). Identification of infectious body fluids and human tissues requires considerable medical diagnostic efforts and are not 100% effective in detecting all infectious diseases. Therefore, to minimize the risk of occupational exposure to potentially contaminated blood and body fluids a combination of employee education, personal protective equipment (PPE), vaccinations, engineering controls, and application of recommended work practices will be used. The following Exposure Control Plan has been developed in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard, 29 CFR 1910.1030. The plan will be consistent with the applicable Maryland and Federal laws of professional licensure, informed consent, and confidentiality of student and other personally identifiable records.

All employees of the institution share responsibility for all aspects of campus safety. Although this plan covers the entire campus as a general policy, it is necessary for each department to formulate detailed standard operating procedures that are unique to that unit. Supervision of this process and responsibility for administering the provisions of this plan includes, but is not limited to the following individuals:

Title	Name	Phone
Environmental Safety Manager	Jillian Townsend	x6-6485
University Police Chief	Edwin Lashley	x3-6007
Director of Human Resources	Wendy Ringling	x6-6213
Director of Student Health Services	Lindsey Parker	x3-6262
Director of Housing & Res. Life	Dave Gutoskey	x3-6040
Director of Physical Plant	Justin Wisor	x3-6202
Director of Athletics & Campus Rec.	Monica Polizzi	x8-3503
Dean - Health & Human Services	Lisa Seldomridge	x8-6413
Dean – Science & Technology	Michael Scott	x3-6489
Director of Dining Services	George Oakley	x3-6106

When safety concerns arise, employees are urged to contact their immediate supervisor or the Environmental Safety Manager. This policy covers all employees of Salisbury University who are identified under exposure determination, including full-time, part-time, temporary, contingent, and visiting personnel in any employment category.

At a minimum, the Environmental Safety Manager will review this policy annually. In the event that there is a substantial change in the regulations or in standard operating procedures on campus, the plan will be revised accordingly. Revisions will reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. In addition, the review process will document annual consideration and implementation of commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The review process will require input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps. The solicitation of input from employees will be documented in Student Health Services. That documentation will include, at a minimum, the names of employees involved and a description of the input process with regard to identification, evaluation, selection of controls. The input shall be documented, including meeting minutes and copies of documents used to request employee participation, or records of responses received from employees, such as reports evaluating the effectiveness of a safer medical device in trial applications.

Salisbury University will record sharps injuries on the OSHA 300 and 301 forms and will include the type and brand of device involved on either the 300 or 301 form. The University will maintain sharps injuries reports in a way that segregates sharps injuries from other types of work-related injuries or illnesses, or allows sharps injuries to be easily separated as a log.

II. GLOSSARY

ACUTE: An adverse effect with symptoms of high severity coming quickly to a crisis.

AUTOCLAVE: A steam-sterilizing device designed to destroy all microbial life on objects with a combination of heat and pressure.

BIOSAFETY LEVEL (BSL) ASSOCIATED RISKS WITH MICROORGANISMS:

BSL1 - Minimal disease in healthy adults such as ***Bacillus subtilis***
BSL2 - Moderate risk associated with human diseases such as Hepatitis B Virus
BSL3 - Microorganisms that may cause serious diseases such as ***Mycobacterium tuberculosis***
BSL4 - Microorganisms that are high-risk and considered lethal such as Lassa fever virus

BLOODBORNE PATHOGENS - Microorganisms that are present in human blood, and that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and the infectious prion that causes Creutzfeldt-Jakob Disease.

BODY SUBSTANCE ISOLATION- a work practice in which contact with all body substances (blood, urine, tissue, etc.) is prevented

CHRONIC: An adverse effect with symptoms that develop slowly over a long period of time, or that frequently recur.

CONFIRMED SOURCE INDIVIDUAL - means a Source Individual known, as a result of pre-exposure or post-exposure testing, to be infected with a bloodborne pathogen.

CONTAMINATED - Marked by the presence, or the reasonably anticipated presence, of blood, other potentially infectious materials, radiation or chemicals on an item or surface.

CONTAMINATED LAUNDRY - Laundry that has been soiled with blood, other potentially infectious materials, radiation or chemicals.

CONTAMINATED SHARPS - Any contaminated object that can penetrate the skin; including, but not limited to, needles, scalpels, broken glass, capillary tubes, and exposed ends of dental wires.

DECONTAMINATION - The use of physical or chemical means to remove, inactivate, or destroy microorganisms in blood and other potentially infectious materials, radiation or chemicals on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.

ENGINEERING CONTROLS - Devices or equipment for isolating or removing hazards from the workplace (e.g., safer medical devices, such as sharps with engineered sharps injury protections and needleless systems).

EXPOSURE INCIDENT - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from an employee performing his or her duties.

FOMITE - An object that is not inherently infectious, but is considered a biohazard because it has been exposed to, or in contact with, materials considered infectious. Example: Telephone handled with contaminated gloves becomes a biohazardous fomite

HAND WASHING FACILITIES - Locations that provide an adequate supply of running potable water, soap, and single-use towels or hot-air drying machines.

HBV - Hepatitis B Virus

HEPA FILTERS - High-efficiency particulate air filters

HIV - Human Immunodeficiency Virus

INFECTIOUS AGENTS: Sources that cause infections either by inhalation, ingestion, or direct contact with the host material.

LICENSED HEALTH-CARE PROFESSIONAL - A person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B vaccination and post-exposure evaluation and follow-up.

NEEDLELESS SYSTEMS – A device that does not use needles for: (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (B) the administration of medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

OCCUPATIONAL EXPOSURE - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, other potentially infectious materials, radiation or chemicals that may result from employees performing their duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) - 1) The following: blood, semen, vaginal secretions, sputum, saliva, nasal secretions, feces, urine, vomitus, tissues, cerebrospinal fluid, synovial fluid, vitreous fluid, wound exudates, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Generally, sweat, breast milk and tears do not require special handling. 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead). 3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-contaminated culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

OSHA: Occupational Safety and Health Administration, the regulatory branch of the Department of Labor concerned with employee safety and health.

PARENTERAL - Exposure occurring as a result of piercing the skin barrier (e.g., subcutaneous, intramuscular, intravenous routes) through such events as needle sticks, bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE)- Specialized clothing or equipment worn by an employee to protect against a hazard as well as prevent further contamination.

REGULATED WASTE - The EPA categorizes hazardous wastes as listed or characteristic wastes. The EPA and state/local jurisdictions publish lists of wastes which are considered hazardous and therefore are regulated. Characteristic wastes are regulated because they are ignitable, corrosive, reactive or toxic. Medical waste is regulated in the state of MD.

SHARPS - Any object that can penetrate the skin, including, but not limited to, needles, scalpels, and broken glass.

SHARPS WITH ENGINEERED SHARPS INJURY PROTECTIONS – A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

SOP's - Standard operating procedures

SOURCE INDIVIDUAL - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and

nursing homes, human remains, and individuals who donate or sell blood or blood components.

STANDARD PRECAUTIONS: The new CDC recommendation for treating all blood and body fluids as potentially infectious. It combines the former Universal Precautions and Body Substance Isolation recommendations. Body fluids to be isolated include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid.

STERILITY: 1) Infertility; changes made in male or female reproductive systems resulting in inability to reproduce. 2) Condition in which all microbial life is absent.

STERILIZE - To use a physical or chemical procedure to destroy all microbial life, including highly resistant material endospores.

TB - *Mycobacterium tuberculosis*

TRANSMISSION-BASED PRECAUTIONS- The new CDC term for isolation procedures above and beyond Standard Precautions which are based on the presence of a confirmed pathogen.

UNIVERSAL PRECAUTIONS - The CDC's previous approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. (See new Standard Precautions and Transmission Based Precautions.)

WORK PRACTICE CONTROLS - Mandated procedures or policies that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., by prohibiting recapping of needles using a two-handed technique). Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized.

Any term used in this Policy which is defined in the paragraph (b) of the OSHA Standard shall have the meaning set forth in the OSHA Standard unless a different meaning is set forth in this part of the Policy.

II. EXPOSURE DETERMINATION/RISK ASSESSMENT

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

Non-Discrimination

Salisbury University shall make its facilities and services available to employees without regard to their status as Source Individuals or Confirmed Source Individuals. However, as medically appropriate, some Source Individuals or Confirmed Source Individuals may be referred to treatment in special settings or denied access to some programs in order to safeguard the welfare, the health of other patients or clients, and the safety of Salisbury University personnel.

Voluntary Disclosures: Confidentiality

Persons who are not or will not be engaged in invasive patient care activities are not required or encouraged to disclose infection with a bloodborne pathogen. **Prospective or current students, employees, or other Salisbury University personnel who are infected with a bloodborne pathogen, and whose work or academic program does or will include invasive procedures,** are strongly encouraged but not required to disclose infection to the appropriate School involved. Any person's disclosure of infection will be maintained in confidence by the individual affiliated with Salisbury University to whom the disclosure was made, unless other persons must be informed in order to implement this Policy. A statement encouraging disclosures by persons who may or will be involved in invasive procedures may be included in School and Unit bulletins that advertise or describe academic programs to prospective and current students. Information regarding Review Panels and disclosures may be provided at enrollment, or soon thereafter, and at employee orientations. By one of these means it is expected that all students, employees, and other Salisbury University personnel currently or prospectively involved in invasive procedures will be informed by their School or Unit that:

(a) voluntary disclosure is encouraged;

(b) the health status of a person who discloses infection will be held in confidence by Salisbury University, and only persons who have a need to know the status in order to implement this Policy will be made aware of the status and these persons will be required to sign a statement indicating their need to maintain complete confidentiality;

(c) voluntary and timely disclosure permits the School or Unit to assist in developing appropriate accommodations of maximum benefit to the disclosing individual (this includes instituting additional safety measures for the immunocompromised employee.); and

(d) disclosure itself cannot be the basis for academic dismissal or termination of employment, which would only follow careful consideration of a persons situation as discussed in this Policy.

Accommodations

When necessary and reasonable, appropriate accommodations, including modifications of activities, curriculum, and job responsibilities, may be made for infected students or employees who otherwise would be engaged in invasive procedures or exposed to medically unacceptable risks of opportunistic infection. Inquiries with respect to competencies of prior performances by such individuals may be made by a Review Panel, a Dean or a Unit head as an aid to designing appropriate accommodations. Curriculum modifications will be subject to decisions of the Schools advancement or curriculum committee (as determined by the School) and the Schools Dean.

Risk Assessment

Not all employees are reasonably expected to have exposure to human blood and body fluids as part of their general duties. The departments have therefore been broadly characterized as shown below as to their relative risk of exposure. It is up to the department heads in each area in which exposure can reasonably be expected to evaluate the actual expectation of exposure for each job category and provide appropriate training and vaccination accordingly. See Appendix 2 for an outline of information required in each unit's exposure control plan.

Exposure Expected	Exposure Possible	Exposure Unlikely
Student Health Services	Campus Police	All other areas
Health Sciences Faculty	Biology Faculty	
Nursing Faculty	Campus Recreation	
Athletic Trainers	Intercollegiate Athletics	
Custodial	Physical Plant	
	Residence Hall Staff	
	Dining Services	

III. STANDARD OPERATING PROCEDURES

All departments are responsible for formulating standard operating procedures for that area as each unit has unique needs and duties. The following are minimal expectations in each unit.

General safety work practice controls

Work Practice Controls are procedures that reduce the risk of occupational exposure by altering the way a task is performed. The following general work practice controls are to be followed by all personnel when working with human blood or OPIM. All departments are responsible for formulating more detailed work practice controls (see Appendix 2).

General behavior: Serious and professional behavior is required at all times. Practical jokes or other behavior that might confuse, startle, or distract another worker are strictly forbidden. The work areas should be clean and uncluttered, with chemicals, biohazards and equipment properly labeled and stored. All users must clean up the work area on completion of an operation or at the end of the day. Supervisors have the right and responsibility to remove employees from duty for infractions of any safety rule.

Clothing: Appropriate dress is required at all times. Long hair and loose clothing must be confined. Shoes will be worn at all times, and sandals, perforated shoes, sneakers and any shoes made of canvas are generally not acceptable. Use of contact lenses should be avoided unless necessary; if they must be used, supervisors should be informed so special precautions can be taken. If contact lenses are worn, safety glasses are **NOT** adequate protection and safety goggles should be used.

Lab coats and other protective clothing are to be worn buttoned-up/zipped up while work is in progress and should be removed immediately upon significant contamination. Protective clothing should be laundered with bleach to minimize biohazardous material by the laundry contractor at no expense to the employee (see below).

Personal health and hygiene: Attention to these needs is strictly prohibited in potentially contaminated areas. Eating, drinking, smoking, gum chewing, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure. Employees should wash their hands and leave the area before conducting these activities.

Smoking: Smoking is prohibited in the work area/building.

Food and drink: No materials for human consumption are stored in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood, other potentially infectious materials, radiation or chemicals are stored, or in other areas of possible contamination. Food and drink may only be stored in designated refrigerators. Sorting, handling, or consuming food or beverages in contaminated areas and use of refrigerators, glassware, or utensils for food and drink that are also used for operation are strictly forbidden.

Hand washing: Hand washing is required immediately (or as soon as possible) after removing gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. If personnel incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact. Hands and any exposed skin are washed between all contacts; before eating, drinking, smoking, applying cosmetics, and changing contact lenses; and after using lavatory facilities. Facilities for hand washing are provided and are separate from those used for washing equipment or for waste disposal. Hands are washed with soap and water as soon as possible. Wearing gloves does **NOT** mean that hand washing is unnecessary!

Personal protective equipment: PPE is removed immediately after leaving the work area (or as soon as possible) or if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Unattended operations: Hazardous operations must not be left unattended.

Work surfaces: Work surfaces are made of impervious materials to facilitate disinfection and decontamination. The decontamination solution for a few areas of the University is 10% household bleach which is made fresh daily for each day of use. However, the University also uses a variety of disinfectants and sterilants that are included within EPA's A, B, C, and D list of "appropriate disinfectants".

Needles and Sharps: Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative

is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one handed "scoop" technique. Procedures that require recapping of needles are discouraged. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. To whatever extent reasonably possible, safety-engineered sharps devices will be incorporated into every procedure.

Licensed Waste Handler: Salisbury University will provide containers sufficient to contain regulated wastes capable of resisting punctures and labeled as a biohazard (as appropriate). These will be removed by a licensed waste handler.

Handling of Materials: Packages marked with the universal biohazard symbol or otherwise identified as containing potentially infectious materials are to be inspected for leaks immediately upon arrival at the facility.

All procedures are to be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM. Specific methods include the use of protective clothing, gloves, chin length face shields, eye protection, and the use of work gloves to protect latex/nitrile gloves from abrasion and tearing when large items are handled. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Handle sharp objects with safety awareness. Maintain eye contact with the item. Shield machines that splash and splatter. Use capped tubes and safety cups when vortexing and centrifuging. Wrap cotton or a gauze pad moistened with disinfectant around rubber stoppers or lyophilized containers when opening them. To the extent possible, perform all procedures that could aerosolize material in a biological safety cabinet.

Specimens of blood or OPIM are to be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled in accordance with the requirements of the OSHA standard. Supervisors shall ensure that all equipment has been decontaminated prior to servicing and shipping.

Any specimen container(s) shall be placed within a secondary container that is leak-proof and clamped to prevent spillage of infectious materials. The outer container shall have a biohazard label and content information. The outer container shall be decontaminated with 1:10 dilution of chlorine bleach or another appropriate disinfectant only if it is also contaminated.

Specimen collection: Refer to individual department policies with regard to collection of hazardous specimens.

Emergency phone numbers: All phones should have 911 for the county emergency system and x 36222 for University Police posted on them. The nature of the emergency and the location should be stated calmly and clearly.

Individual responsibility: All employees must be safety conscious. All should seek information and advice about hazards, plan appropriate protective procedures, and plan positioning of equipment before beginning any new operation. Unsafe conditions must be reported immediately, and work should not proceed until the conditions are adequately changed.

Standard (Universal) and Transmission-Based Precautions

The Centers for Disease Control (CDC) Standard Precautions (formerly known as Universal Precautions) will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. Persons having occupational exposure potential must be trained in standard precautions, and these precautions must be used in exposure situations. These persons must also be informed of known biohazards and educated on all aspects of HIV infection, Acquired Immune Deficiency Syndrome, CJD and HBV and HCV infection appropriate to expected educational and job-related behaviors. The requirements of paragraph (g) of the OSHA standard shall be followed by all personnel. (Communication of hazards to employees.)

When it is known that a specific disease is present, employees will also use the Transmission-Based Precautions applicable to that disease. This recommendation applies primarily to employees in Student Health Services, as no other employees would typically be in the position of knowing an individual's medical diagnosis.

Biohazard Symbol

All containers of potentially infectious materials, objects contaminated with potentially infectious materials and areas handling potentially infectious materials must be labeled with the universal biohazard symbol (see right). The symbol should be black on an orange background.

Engineering Controls

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Engineering controls include all control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protection but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At Salisbury University the following items are available:

Specimen Containers: Containers for specimens of blood or OPIM must be designed to prevent leakage during collection, handling, and storage. They are to be inspected for leakage prior to use and on a daily basis. Avoid contaminating the outside of the container. Be sure the lid is on tight. Decontaminate the outside of the container with 10% bleach solution or its equivalent disinfectant

before transporting only if the outside is also contaminated. To make a 10% bleach solution, add one-part commercial bleach (5.25% available chlorine) to nine parts water. All specimen containers must be clearly labeled as to contents, labeled with a biohazard label and then double containerized for transport.

Containers for Special Medical Waste: Special Medical Waste such as used disposable containers, gloves, etc., must be kept in closed containers that can hold all contents without leakage during handling, storage and transport. Waste containers must be clearly labeled with the biohazard symbol, indicating they contain biohazardous waste. Containers are to be inspected for leakage daily. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of specimen.

Sharps Containers: Sharps include syringes, needles, slides, scalpels, cover slips, glass pipettes, and broken glass that may be contaminated with infectious materials. Sharps containers should be leak-proof, puncture resistant, labeled with the universal biohazard symbol, and closeable. Full sharps containers must be sealed and placed in a properly lined biohazard burn box. Pick up and disposal must be done by a licensed waste handler. To whatever extent reasonably possible, safety- engineered sharps devices will be incorporated into every procedure.

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one “scoop” handed technique. At this facility needle removal boxes will always be provided.

Splash shields: Clear plastic splash shielding will be made available for those procedures in which splashing or aerosols are unavoidable.

Biological safety cabinet (hood): Hoods will be made available for those procedures in which splashing or aerosols are unavoidable or for handling microorganisms for which this type of containment is necessary. The university will certify each hood semi-annually as to proper air flow and integrity of the HEPA filters.

IV. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) used at this facility is provided without cost to personnel. PPE is chosen based on the anticipated exposure to blood or OPIM. Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the individual’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Appropriate PPE shall be provided to employees at no cost and used in every circumstance warranted.

Supervisors shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powder free gloves, or other similar alternatives shall be readily accessible to those who are allergic to the gloves normally provided. **Protective Equipment should be removed before leaving the work site and either be stored or disposed of appropriately.**

Supervisors shall ensure that all PPE is removed when penetrated by blood and then double bagged for laundering. All PPE shall be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated container for storage, washing, decontamination or disposal. All repairs and replacements will be made by the employer at no cost to employees.

The following pieces of PPE shall be available and used when there is potential for exposure to bloodborne pathogens:

Gloves

Disposable, single-use latex or nitrile gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, when collecting and processing human specimens and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised. Double gloving has been shown to provide more protection from punctures and abrasion that can occur during use than a single glove layer. Check gloves for leaks prior to wearing them. If gloves are damaged (torn or punctured) or become damaged or contaminated during a procedure, replace them. **Wash hands with soap and water for 30 to 60 seconds immediately after removing gloves.**

It is essential that workers wearing contaminated gloves avoid touching themselves and non-contaminated objects such as door knobs, telephones, computer key boards, pencils, etc. All fomites created in this manner must be decontaminated.

Clothing

Protective clothing must be worn when there is a risk of body fluids spattering or becoming aerosolized and contacting a worker's skin or clothing. Protective clothing should be resistant to fluids, and may be disposable or reusable. Reusable clothing must be properly laundered by the laundry contractor prior to reuse at no charge to the employee.

Face Protection

Face shields are required for all procedures that may spray, spatter or aerosolize blood or other potentially infectious material. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn when splash, spray, or aerosolized blood or OPIM may contact eye, nose, mouth or mucous membranes. Eyeglasses alone are not effective against infectious material. **If eyes or mucous membranes are sprayed or splashed with potentially infectious materials, the affected areas should be flushed with tap water for 15 to 20 minutes. After flushing, the individual must be transported for medical attention. The Emergency Room of PRMC will provide medical evaluation and follow-up for this type of exposure.**

Protective Footwear and Headwear

Disposable shoe covers and caps must be worn in situations where cross contamination is possible.

Additional PPE selections and such as use of CPR masks, head-nets, smocks, foot covering and aprons may be necessary to ensure employee safety in regards to bloodborne pathogens in certain workplace situations. Examples include the use of masks for exposure to fungi and TB, insulated gloves for handling heated materials and splash aprons.

V. HOUSEKEEPING AND LAUNDRY

Routine Cleaning

All areas of the worksite must be maintained in a clean and sanitary condition. All tables, counters, lab surfaces, etc. must be disinfected with fresh 10% chlorine bleach solution (or its equivalent) at least daily and immediately following completion of procedures involving human blood and OPIM.

Contaminated Work Surfaces and Other Fomites

Work areas, surfaces and contaminated objects must be decontaminated with freshly prepared 10% bleach or its equivalent disinfectant solution after completion of procedures involving and/or immediately following any spill of blood or OPIM. Recommended contact time for effective decontamination is 20-30 minutes.

Broken Glass

Broken glass must never be picked up by hand. Recommended mechanical means of clean up include use of a brush and dustpan, tongs or forceps. Utensils must be cleaned and decontaminated immediately after use. The contaminated glass should be disposed of in a sharps container.

Contaminated Sharps

Sharps should be placed in a properly marked puncture-resistant sharps container and labeled with a biohazard symbol. Containers for contaminated sharps shall be easily accessible to personnel and located in each separate procedure area. The containers shall be maintained upright throughout their use and replaced as needed and shall not be overfilled. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal. The sharps container shall be placed in a plastic bag-lined biohazard burn box and
removed by Salisbury University's contracted licensed waste handler.

Autoclaves (steam sterilizers)

Some departments are equipped with autoclave devices to sterilize their own biohazardous waste. These units are required to document that the sterilization process is effective by insuring that stock cultures of *Bacillus stearothermophilus* or its equivalent are routinely destroyed.

Laundry

Contaminated protective clothing is to be placed in labeled bags and sent to a commercial laundry service that has the capability to properly handle and launder potentially infectious material. Home laundry is not permitted. Laundry shall be cleaned and decontaminated by Salisbury University's laundry contractor.

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked biohazard labeled bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

VI. ADMINISTRATIVE CONTROLS

The above controls will be examined and maintained on a regular schedule by the Environmental Safety Manager and appropriate supervisory personnel. The effectiveness of the controls will be reviewed annually and updated as needed by the Environmental Safety Manager and appropriate supervisory personnel.

To achieve the goals of this policy, supervisors and managers are required to develop Standard Operating Procedures (SOPs) for activities in which an employee may be exposed to bloodborne pathogens. Procedures must contain the following elements (also see Appendix 2):

- A clear and descriptive position description;
- The names and job classifications of all individuals that will participate in the bloodborne pathogen activities;
- Identification of the area where duties are performed and a description of the procedures to be used to prevent unauthorized personnel from being exposed to a potential hazard;
- A listing of the possible sources of exposure to bloodborne pathogens or other potentially infectious material in the specific task or procedure. (Note: All liquids or media that come into contact with blood, unfixed human tissue or human cell lines are to be considered potentially infectious material until the source tissue has been disinfected.)
- A detailed description of the task or procedure including all of the applicable safety precautions, detailed in the Exposure Control Plan.
- Identification of the departmental point of contact for exposure incidents.

VII. HEPATITIS B VACCINATION PROGRAM

The University offers the HBV vaccination series to all personnel who have occupational exposure, and post-exposure follow-up to personnel who have had an exposure incident. All medical evaluations and procedures including the Hepatitis B vaccination series and post-exposure follow-up, including prophylaxis, shall be available to the personnel at a reasonable time and place, performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional, and provided according to the recommendations of the U. S. Public Health Service.

Supervisors shall refer new and existing employees identified as being at risk to the Office of Sustainability & Environmental Safety for the Hepatitis B vaccination program. The HBV vaccination shall be offered by the University, at no cost, to all employees who have occupational exposure. Laboratory tests to establish antibody titer, if deemed necessary, shall be conducted by an accredited laboratory at no cost to the employee. Hepatitis B vaccination shall be made available:

- After personnel have received training in occupational exposure (see Information and Training);
- Within 10 working days of initial assignment;
    - To all personnel who have occupational exposure unless they have previously; received the complete Hepatitis B vaccination series, antibody testing has revealed that they are immune or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If an individual initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. All personnel may be vaccinated at the Student Health Services.

If a routine booster dose of Hepatitis B vaccine is recommended by the U. S. Public Health Service at a future date, such booster doses shall be made available.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents shall be reported, investigated, and documented by the Office of Environmental Safety. When an employee incurs an exposure incident, it shall be reported to the supervisor. Personnel with potential exposure shall go to the PRMC Emergency Room for treatment, medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law;
- The source individual's blood shall be tested as soon as feasible after consent is obtained in

order to determine HBV and HIV infectivity. If consent is not obtained, the person responsible for the Hepatitis B vaccination program shall establish that legally required consent cannot be obtained. When the source individuals' consent is not required by law, the source individuals' blood, if available, shall be tested and the results documented;
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's HBV or HIV status need not be repeated, provided that appropriate documentation can be obtained;
- Results of the source individual's testing shall be made available to the exposed individual, along with information on applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained;
- The exposed individual will be offered the option of having their blood collected for testing of HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the person to decide if the blood should be tested for HIV serological status.

All university personnel who experience an exposure incident will be offered post-exposure evaluation and follow-ups in accordance with the OSHA standard and the CDC guidelines which are current at the time of the incident. The health care professional responsible for the persons Hepatitis B vaccination and post-exposure evaluation will be provided with the following by the Student Health Services:

- A copy of 29 CFR 1910. 1030;
- A written description of the exposed individuals' duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individuals blood testing, if available;
- All medical records relevant to the appropriate treatment of the person including vaccination status.

The health care professionals written opinion for HBV vaccination must be limited to whether HBV vaccination is indicated, and if the individual has received such vaccination. It will include a statement that the individual has been informed of the results of the evaluation and of any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

IX. COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels

Warning labels need to be affixed to containers of regulated waste, refrigerators, freezers, incubators or other containers that contain blood or OPIM. They also need to be placed on containers used to transport regulated materials, and are required for any equipment that can reasonably be expected to become contaminated during the course of its use.

The warning label must contain the word "Biohazard" along with the universal biohazard symbol and printed in fluorescent orange or orange-red color with lettering or symbols in a contrasting color.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

Signs

Signs will be posted at the entrance to work areas in which infectious and potentially infectious materials is used. Required signs will be fluorescent orange in a contrasting color and they must contain the following information:

- The universal biohazard symbol;
- The name of infectious agent;
- Special requirements for entering the area;
- Name and day/night time telephone numbers of the laboratory supervisor and/or other responsible person(s).

VIII. INFORMATION AND TRAINING

Training shall be required for all personnel who may have exposure to bloodborne pathogens in the course of their employment. Supervisors shall refer all new employees with a risk of exposure for training at the time of initial assignment. Training shall be repeated within twelve months of the previous training. Supervisors will also ensure that newly hired or transferred employees have an appointment for the HBV vaccine within 10 days of employment or reassignment or that they have signed the vaccine declination form.

Training shall be tailored to the education and language level of the personnel, provided at no cost to the personnel and during the normal work shift. The training will be interactive and cover the following:

- The standard and its contents;
- The epidemiology and symptoms of bloodborne diseases;
- The modes of transmission of bloodborne pathogens;
- The Salisbury University Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy;
- The recognition of tasks that may involve exposure;
- The use and limitations of methods to reduce exposure, for example engineering controls, work practices and PPE;
- The types, use, location, removal, handling, decontamination, and disposal of PPE
- The basis of selection of PPE;
- The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and the cost, if any;

- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- The procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- The evaluation and follow-up required after an exposure incident;
- The signs, labels, and color-coding systems used to identify potentially infectious materials.

Additional training shall be provided to the Salisbury University personnel when there are any changes of tasks or procedures affecting the risk of occupational exposure. Personnel who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan shall only receive training in provisions of the plan that were not covered.

IX. RECORD KEEPING

The Environmental Safety Director will maintain training records.

Evaluation and Review: This program and its effectiveness are reviewed every year and updated as needed by the Environmental Safety Officer.

X. REFERENCES

29 CFR 1910.1030: Bloodborne Pathogens Standard

Centers for Disease Control

Appendix 1 DECLINATION/ACCEPTANCE FORM

HEPATITIS B VACCINATION

NO – I DO NOT WANT THE HBV VACCINATION

I,_____, understand owing to my occupational exposure to blood and other potentially infectious materials at Salisbury University, 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. However, I decline the Hepatitis B vaccine 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 human blood or other potentially infectious materials and I want to be vaccinated with Hepatitis vaccine, I can receive the vaccination series at no charge to me.

Employee Signature Print Name Date

Employee ID# Department Office Phone

(DO NOT CUT OR TEAR FORM)

YES - I WANT THE HBV VACCINATION

I,_____, would like to be scheduled for the Hepatitis B vaccine series. Please forward my name to Environmental Safety Director for appointment scheduling.

Employee Signature Print Name Date

Employee ID# Department Office Phon

Appendix 2

Outline for Exposure Control Protocols for Each Unit

EXPOSURE CONTROL PROTOCOL OUTLINE

Each unit must develop its own protocols for safety as the plan for the entire campus deals in general work practices and cannot possibly cover all the pertinent requirements in each unit. The following is an outline to consider when writing safety protocols for a particular unit. These protocols may best be attached for the Salisbury University campus plan for each employee's reference.

Introduction- with reference to the Exposure Control Plan for the entire campus

Glossary - terms unique to the unit not covered in the campus plan, if necessary

Risk Assessment- A clear and descriptive position description for all job categories in the unit must be listed and classified as to potential exposure to blood and body fluids

Standard Operating Procedures – all procedures unique to a unit not covered in the campus plan to include:

A. Identification of the area where duties are performed and a description of the procedures to be used to prevent unauthorized personnel from being exposed to a potential hazard
B. A listing of the possible sources of exposure to bloodborne pathogens or other potentially infectious material in the specific task or procedure
C. Work practices and clothing policies - detailed descriptions of tasks or procedures including all of the applicable safety precautions.
D. Engineering controls, protective equipment and personal protective equipment
E. Waste labeling and handling
F. Contaminated laundry labeling and handling

Administrative Controls – a clear description of responsibilities within the unit and identification of the departmental point of contact for exposure incidents.

Vaccination and Medical Treatment- protocols not covered by the campus's plan

Information and Training Protocols – General safety training will be in place for the campus, but units are still responsible for instruction in unit-specific protocols and documentation of such training on an annual basis

Appendix 3

Sample Document for Solicitation of Input

Salisbury University

Student Health Services
Safety Sharps Evaluation

Name:_____ Job Title:_____
Today's Date:_____ Product:_____
Period of Time Used/_____ Estimation of Times Used_____

Please **circle** the most appropriate answer for each question.	AGREE					DISAGREE
1. I can activate the safety feature with one hand.	1	2	3	4	5	N/A
2. I can see the tip of the sharp when I need to (even when the safety feature is activated).	1	2	3	4	5	N/A
3. It is impossible NOT to use the safety feature.	1	2	3	4	5	N/A
4. This product can be used as quickly as I expected.	1	2	3	4	5	N/A
5. This product is easy to handle when gloved.	1	2	3	4	5	N/A
6. The device offers a good view of any aspirated fluid.	1	2	3	4	5	N/A
7. There is a distinct signal when the safety feature is activated (audible or visible).	1	2	3	4	5	N/A
8. The safety feature operates reliably.	1	2	3	4	5	N/A
Indicate approximate number of failures in this period_____ 9. The exposed sharp is permanently covered after use.	1	2	3	4	5	N/A
10. The device is just as easy to process after use than non-safety engineered devices I have used.	1	2	3	4	5	N/A
11. This product is easy to learn and understand.	1	2	3	4	5	N/A
12. The design of the product suggests proper use.	1	2	3	4	5	N/A
13. It is almost impossible to skip a crucial step in proper use of this device.	1	2	3	4	5	N/A
14. I prefer using this device to non-safety engineered devices.	1	2	3	4	5	N/A
15. I prefer trying another safety-engineered product.	1	2	3	4	5	N/A
Comments/Concerns_____						

Reviewed by:_____ Title:_____
Date of Review:_____