

# **STEVENSON**

**U N I V E R S I T Y**

Imagine your future. Design your career.®

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

- I. Employee Plan**
- II. Student Plan**

**2011-2012  
June 9, 2011**

**Greenspring Campus  
1525 Greenspring Valley Road  
Stevenson, Maryland 21153**

**Owings Mills Campus  
10945 Boulevard Circle  
Owings Mills, Maryland 21117**

**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN  
I. EMPLOYEE PLAN**

## Table of Contents

### I. Employee Plan

1.0	Introduction	5
2.0	Scope	5
3.0	Definitions	6
4.0	Responsibilities	7
5.0	Exposure Determination	7
6.0	Implementation Schedule and Methodology	8
6.1	Overview	8
6.2	Universal Precautions	8
6.3	Engineering Controls	8
6.4	Safe Work Practice Controls	10
6.5	Personal Protective Equipment (PPE)	11
6.6	Housekeeping	13
6.7	Hepatitis B Vaccination	15
6.8	Communication of Hazards to Employees	16
6.9	Training	16
7.0	Post-Exposure Evaluation and Follow-Up	17
7.1	Summary	17
7.2	On-Campus Employee Exposure	17
7.3	Off-Campus Employee Exposure	18
7.4	Activities Performed by the Vice President of Human Resources (or Designee) Following Employee Exposure Incident	19
7.5	Procedures for Evaluating the Circumstances of an Exposure Incident	19
8.0	Recordkeeping	20
8.1	Employee Medical Records	20
8.2	Employee Training Records	20

### II. Student Plan

1.0	Introduction	22
2.0	Scope	22
3.0	Definitions	23
4.0	Responsibilities	23

<b>5.0 Exposure Determination</b>	<b>24</b>
<b>6.0 Implementation Schedule and Methodology</b>	<b>25</b>
6.1 Overview	25
6.2 Universal Precautions	25
6.3 Engineering Controls	25
6.4 Safe Work Practice Controls	26
6.5 Personal Protective Equipment (PPE)	28
6.6 Housekeeping	29
6.7 Hepatitis B Vaccination	32
6.8 Communication of Hazards to Students	32
6.9 Training	32
<b>7.0 Post-Exposure Evaluation and Follow-Up</b>	<b>33</b>
7.1 Summary	33
7.2 On-Campus Student Exposure	33
7.3 Off-Campus Student Exposure	34
7.4 Activities Performed by the Director of the Wellness Center (or Designee) Following Student Exposure Incident	35
7.5 Procedures for Evaluating the Circumstances of an Exposure Incident	36
<b>8.0 Recordkeeping</b>	<b>37</b>
8.1 Student Medical Records	37
8.2 Student Training Records	37
<b>Appendix A: Informed Consent for Hepatitis B Vaccination Series: Employee Form</b>	<b>39</b>
<b>Appendix B: Hepatitis B Vaccination Declination: Employee Form</b>	<b>40</b>
<b>Appendix C: Hepatitis B Vaccination Declination: Student Form</b>	<b>41</b>
<b>Appendix D: Report of Injury Form</b>	<b>42</b>
<b>Appendix E: Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure</b>	<b>44</b>
<b>Appendix F: Location and Hours of Concentra Medical Centers: Employee Information</b>	<b>45</b>
<b>Appendix G: Patient First Medical Centers Locations and Hours of Operation: Student Information</b>	<b>46</b>
<b>Appendix H: Payment for Healthcare Services Provided by Patient First Medical Centers</b>	<b>47</b>

**Bloodborne Pathogens Exposure Control Plan  
Employee Plan**

**1.0 Introduction**

- 1.1 Stevenson University is committed to providing a safe and healthful work environment for our employees. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize exposure to bloodborne pathogens in accordance with the OSHA Standard, 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."
- 1.2 This ECP includes:
- 1.2.1 Determination of employee exposure
  - 1.2.2 Implementation of various engineering controls
  - 1.2.3 Work practice controls methods of exposure control, including:
    - Universal Precautions
    - Engineering controls
    - Work practice controls
    - Personal protective equipment
    - Housekeeping
  - 1.2.4 Hepatitis B vaccination
  - 1.2.5 Post-exposure evaluation and follow-up
  - 1.2.6 Communication of hazards to employees, and training
  - 1.2.7 Recordkeeping
  - 1.2.8 Procedures for evaluating circumstances surrounding an exposure incident
- 1.3 The ECP is included, in its entirety, on the Stevenson University Human Resources website and, in addition, each employee with a definite risk or possible risk of occupational exposure will be given a copy of this plan.

**2.0 Scope**

- 2.1 This ECP applies to employees who have a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of job duties. This plan must be reviewed and updated annually by the Vice President of Human Resources, Dean of the School of the Sciences, Director of the Wellness Center, Associate Dean for Nursing Education, Program Coordinator for Medical Technology, Head Athletic Trainer, Assistant Vice President of Facilities and Campus Services, Director of Facilities, College Health Nurse, and the Science Laboratory Safety Manager.

### 3.0 Definitions

- 3.1 **Blood** – means human blood, human blood components, and products made from human blood.
- 3.2 **Bloodborne Pathogen** – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 3.3 **Other Potentially Infectious Materials (OPIM)** – means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, saliva in dental procedures, and 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, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 3.4 **Contaminated** – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 3.5 **Exposure Incident** – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 3.6 **Personal Protective Equipment (PPE)** – is specialized clothing or equipment worn by an employee for protection against a hazard. General street or work clothes (e.g., slacks, shorts, skirts, uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- 3.7 **Universal Precautions** – is an approach to infection control. Universal Precautions presumes that all human blood and certain human body fluids shall be treated as if they are infected by HIV, HBV, and other bloodborne pathogens.

## 4.0 Responsibilities

- 4.1 **Security** – Respond to all exposure incidents on campus and administer First Aid. Ensure a Stevenson University Incident Report is complete and the employee has been given a copy of the OSHA Bloodborne Pathogen Standard and a copy of this plan. Inform exposed employee they must submit the Report of Injury Form (Appendix B) to the Vice President for Human Resources within 48 hours of an exposure incident.
- 4.2 **Science Laboratory Safety Manager** – Ensure the procedures of this plan are followed. Responsibilities Include reviewing the circumstances of all exposure incidents to determine if plan amendments are needed.
- 4.3 **Department Chair of Biological Sciences/Medical Technology Program Coordinator/ Associate Dean for Nursing Education** – Ensure the procedures of this plan are followed. Responsibilities include making a copy of the plan available to faculty and staff, ensuring staff is trained, and enforcing compliance with this plan.
- 4.4 **Vice President for Human Resources** – Ensure the procedures of this plan are followed and employees are trained. Responsibilities include performing follow-up on incident exposures for employees, maintaining employee records related to exposure incidents, and ensuring the Hepatitis B vaccination is offered to all employees listed in the exposure determination section of this plan.
- 4.5 **Employees** – Are required to follow the guidelines and procedures set forth in this plan.

## 5.0 Exposure Determination

- 5.1 Stevenson University performed exposure determinations to ascertain which employees are likely to incur exposure to blood or OPIM and which procedures are likely to cause exposure. Stevenson University performed this exposure determination without regard to the use of PPE. Please note that employees are considered to be exposed even if donned in PPE.
- 5.2 This exposure determination is required to list all job classifications in which all employees may be expected to incur such exposure, regardless of frequency. Within the University, the following classifications are in this category:
- Security Personnel
  - College Health Nurse
  - Wellness Center Family Physician
  - Nurse Practitioner, C.R.N.P.
  - Associate Dean and Director of the Wellness Center

- 5.3 In addition, Stevenson University performed an exposure determination of job classifications in which some employees may have exposure to blood or OPIM. Because not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have exposure were also listed in order to understand clearly which employees in these categories are considered to have exposure. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>Tasks/Procedures</u>
Athletic Department Personnel	First Aid Response
Facilities Personnel	Maintenance and Repair
Nursing Faculty	Instructing in Clinical Setting
Medical Technology Faculty	Instructing in Student Labs
Biology Laboratory Manager	Laboratory Housekeeping
Science Laboratory Safety Manager	Accident Investigation/Management of Regulated Waste

- 5.4 Specific Tasks – In performing the following procedures/tasks, there is a risk that exposures to blood or OPIM can occur:
- 5.4.1 Handling contaminated sharps, and other laboratory devices.
  - 5.4.2 Procedures involving the containment and management of “regulated waste” disposal.
  - 5.4.3 All procedures involving contact with mucous membranes, body fluids, and blood.

## 6.0 Implementation Schedule and Methodology

- 6.1 **Overview:** This section describes the Universal Precautions, engineering controls, and PPE for employees who may come in contact with blood, blood products, or OPIM. This section also covers safe work practice controls for employees working with potentially infectious materials, hepatitis B vaccination, hazards communication, and training.
- 6.2 **Universal Precautions.** Universal Precautions will be observed at the University in order to minimize contact with blood, blood products, or OPIM. All human blood, blood products, or OPIM will be considered infectious regardless of the perceived status of the source individual.
- 6.3 **Engineering Controls.** Engineering and safe work practice controls will be used to eliminate or minimize exposure to employees at the University. Where possible exposure remains after institution of these controls, PPE shall also be used.
- 6.3.1 Commercially-prepared samples and controls, tested negative for all viral markers currently being tested, will be used in student labs whenever possible.

- 6.3.2 Splash shields and protective eyewear will be used in any laboratory when splashing, spraying, and splattering or generation of droplets is anticipated.
- 6.3.3 Immediately after use, all disposable, contaminated sharps, (needles, surgical instruments, syringe with attached sharp, etc.) will be placed in leak-proof, puncture-resistant disposable containers, labeled with the biohazard label. These sharps containers are located in SC 36, SC 37, SC 102, SC 107, KH 19, and KH 22 on the Greenspring Campus and in the Wellness Center and CA 120 on the Owings Mills Campus. They are inspected and maintained or replaced by their respective departments (Wellness Center staff, laboratory managers, and the head athletic trainer) when 2/3 full to prevent overfilling. The contaminated sharps waste will be disposed by Stericycle.
- 6.3.4 Specimens of blood/OPIM will be placed in leak-proof puncture resistant disposable sharps containers, labeled with the biohazard label.
- 6.3.5 Non-sharp, contaminated materials will be placed in marked biohazard receptacles and will either be autoclaved onsite by the Biology Laboratory Manager prior to disposal into municipal waste or disposed by Stericycle.
- 6.3.6 Mechanical pipetting devices are used, when applicable.

<u>Control</u>	<u>Schedule</u>
Sharps disposal containers	Replaced when 2/3 full Disposal by Stericycle
Biohazard waste bags	Steam sterilized onsite Disposal municipal waste
Biohazard waste boxes	Replaced when 2/3 full Disposal by Stericycle
Mechanical pipetting devices	Cleaned, if contaminated, as per manufacturer's instructions by the responsible individual

## 6.4 Safe Work Practice Controls

6.4.1 Hand washing facilities are available throughout the Greenspring and Owings Mills Campuses. This includes all laboratories on the Greenspring Campus (SC 37, SC 102, SC 107, SC 121, SC 122, SC 123, SC 124, SU 16, KH 10, KH 19, KH 22, and KH 103).

6.4.2 Skin is washed immediately with liquid dispensed soap after handling or contact with blood/OPIM, whenever gloves or other PPE are removed, or before leaving a contaminated area.

### 6.4.2.1 Procedures for hand washing:

- Use running water and soap from a dispenser.
- Wet hands first with warm water
- Apply soap and lather hands together for 10-15 seconds
- Avoid splashing water on clothing or floors or touching faucets or sinks.
- Rinse hands well under running water.
- Pat hands dry with paper towels.
- Turn off faucets with dry paper towels if knee or foot controls are not available.

6.4.3 Eye wash stations are provided throughout the science laboratories. They can be found in KH 10, KH 22, KH 103, SC 102, SC 107, SC 119, SC 122, and SC 124.

6.4.4 All procedures involving blood/OPIM will be performed in a manner as to minimize splashing, spraying, splattering and generation of droplets (i.e., centrifuge caps).

6.4.5 Mouth pipetting or suctioning of blood/OPIM is prohibited.

6.4.6 Eating, drinking, smoking, applying cosmetics, or other hand-to-mouth activities, and handling contact lenses are prohibited in areas where blood/OPIM is present.

6.4.7 Food and/or drink storage is prohibited in areas such as refrigerators, freezers, shelves, cabinets, countertops or bench tops, where blood/OPIM are present.

6.4.8 Medical Technology faculty will perform the decontamination of contaminated equipment if obvious contamination is observed or at the end of the semester with 10% bleach or other disinfectant.

- Hemocytometers
- Microhematocrit centrifuge
- Spectrophotometers

6.4.9 If obvious contamination is observed, the Biology Laboratory Manager or Science Laboratory Safety Manager should be notified so that the equipment can be disinfected. This includes:

- Centrifuges
- Spectrophotometers
- Automated instruments

6.4.10 The Associate Dean and Director of the Wellness Center will ensure that the proper decontamination of contaminated equipment/surfaces with a 10% bleach solution or appropriate disinfectant is performed on a daily basis.

## 6.5 **Personal Protective Equipment (PPE)**

6.5.1 Stevenson University has chose PPE based on anticipated potential employees exposure to blood, blood products, or OPIM. PPE must be worn by all employees participating in laboratory, clinical, or First Aid exercises involving exposure to blood, blood products, or OPIM. PPE will be provided, at no cost, to employees and must be readily accessible. Closed toe shoes are mandatory in all science laboratories.

### 6.5.2 **Gloves**

6.5.2.1 The University will provide gloves to employees at no cost

6.5.2.2 Gloves shall be worn at all times when it is reasonably anticipated that employees may have hand contact with any infectious agent. This includes blood, blood products, mucous membranes, non-intact skin, OPIM, and contaminated surfaces or items.

6.5.2.3 Gloves shall be removed immediately following any penetration by blood, blood products, or OPIM.

6.5.2.4 Gloves shall be removed and disposed in the general waste stream before leaving the laboratory. Gloves should never be washed or decontaminated for re-use.

6.5.2.5 Gloves should be replaced as soon as possible if they are torn, penetrated, or the barrier is compromised in anyway.

6.5.2.6 Gloves visibly contaminated with blood or OPIM must be disposed in marked biohazard containers for removal by Stericycle.

6.5.2.7 **Procedure for glove removal:**

- With the dominant hand, make cuff by hooking gloved fingers into the area below the outside edge of the other glove. Pull the glove inside out as you remove it and hold the glove in your gloved hand.
- Tuck your ungloved fingers under the inside edge of the remaining glove. Pull that glove down over the gloved hand so that the first glove is encased in the second glove as the latter is turned inside out. Discard both gloves.
- Wash your hands immediately.

6.5.2.8 Employees must wash their hands prior to leaving the laboratory, the clinical setting, or after the performance of First Aid (Refer to 6.4.2.1 under “Procedure for Hand Washing”).

6.5.3 **Laboratory Coats**

6.5.3.1 The University will provide laboratory coats to employees at no cost.

6.5.3.2 Laboratory coats must be worn and buttoned or snapped closed at all times while working in the science laboratories.

6.5.4 **Protective Eyewear (safety glasses, chemical splash goggles)**

6.5.4.1 Protective eyewear does not include corrective lenses.

6.5.4.2 The University will provide protective eyewear to employees at no cost.

6.5.4.3 Eye protection is required to be worn whenever splashes, sprays, splatters, or droplets of blood, blood products, or OPIM may be generated.

6.5.4.4 Eye protection must be removed prior to leaving the laboratory.

6.5.4.5 When a protective garment is penetrated by blood or OPIM and the substance has reached the employees own street clothes, or undergarments, the clothing is removed immediately, or as soon as is possible prior to employee leaving the work area.

## 6.6 Housekeeping

Housekeeping is of the utmost importance in the prevention of employee exposure to infectious surfaces or materials.

### 6.6.1 Sharps Procedures

- 6.6.1.1 Broken glassware, which may be contaminated, must never be picked up by hand. The glassware should be swept up using the dust pan sets available in SC 102, SC 106, SC 107, SC 122, SC 124, KH 10, and KH 22. Gloves should be worn while cleaning broken glassware. Contaminated glassware should be disposed into a closable, puncture resistant, leak-proof, and labeled biohazard sharps container.
- 6.6.1.2 Contaminated sharps must be disposed of immediately following use. They should be put into closable, puncture resistant, leak-proof, and labeled biohazard sharps container. These containers should be replaced once they are 2/3 full.
- 6.6.1.3 The Biology Department will steam sterilize all biohazard sharps cardboard sleeves and bags located throughout the School of the Sciences laboratories. Biohazard sharps containers used for needles and/or blood vials will be collected and disposed through Stericycle.
- 6.6.1.4 The University has scheduled pickups with Stericycle for biohazard waste. The pickups will be scheduled as needed for the Greenspring and Owings Mills campuses. When biohazard containers are 2/3 full, the Science Laboratory Safety Manager or Director of Facilities should be notified to schedule a pickup.

### 6.6.2 Equipment Procedures

- 6.6.2.1 Equipment will be decontaminated when employees have completed use of the equipment or; if it is used throughout the semester, decontaminated at the end of the semester.
- 6.6.2.2 Equipment contaminated with blood or blood products should be decontaminated using a fresh 1:10 dilution of household bleach (10% bleach solution) or following manufacturer's recommendations. A 10% bleach solution may be corrosive to some parts.

- 6.6.2.3 All working surfaces should be disinfected after contact with blood, blood products or OPIM. The working surfaces should be disinfected using a fresh 1:10 dilution of household bleach (10% bleach solution) or an EPA registered disinfectant immediately following a spill as well as at the end of any laboratory session.
- 6.6.2.4 Reusable containers (test tube racks, heat blocks, etc.) shall be inspected and decontaminated using a fresh 1:10 dilution of household bleach (10% bleach solution) or EPA registered disinfectant immediately after a spill of blood/OPIM, and at the end of the semester.

### 6.6.3 General Procedures

- 6.6.3.1 Tubes, vials, or other biological specimen containers cannot be placed in wastebaskets customarily emptied by janitorial personnel. These materials must be placed into biohazard bags to be autoclaved before being discarded or placed into marked biohazard boxes for disposal by Stericycle.
- 6.6.3.2 Decontamination of body fluid spills and grossly contaminated surfaces shall occur as soon as possible using the following procedures:
  - 6.6.3.2.1 Notify individuals in the immediate work area prior to beginning the decontamination procedure. If an individual is injured, call Security.
  - 6.6.3.2.2 Put on gloves and any other necessary PPE.
  - 6.6.3.2.3 Contain the spill by covering with paper towels or other absorbent material.
  - 6.6.3.2.4 Saturate the contaminated area with a 1:10 dilution of household bleach (10% bleach solution) or EPA registered disinfectant and immediately wipe the area to remove the blood or OPIM.
  - 6.6.3.2.5 Reapply the 10% bleach solution or the EPA registered disinfectant to the area and allow the disinfectant to penetrate for a minimum of 10 minutes making certain the area is well marked.
  - 6.6.3.2.6 If broken glass or other sharp material is present, it must never be picked up by hand. Use the

Biohazard spill cleanup kits and follow the enclosed directions. There are kits located in KH 10, KH 103, KH 22, SC 106, SC 107, and SC 124.

6.6.3.2.7 Discard the contaminated materials in an appropriate medical waste container (point of use sharps container, autoclave bag, or biohazard box) depending on the nature of the biohazardous material.

6.6.3.2.8 Remove gloves and other PPE.

6.6.3.2.9 Wash hands.

## 6.7 **Hepatitis B Vaccination**

- 6.7.1 The Hepatitis B vaccine shall be offered to employees whose job duties involve occupational exposure to blood, blood products, or OPIM. The vaccination will be given at no cost to the employee and shall be administered by a licensed healthcare professional at Concentra Medical Centers. The vaccination will be administered prior to assignment or within 10 days of the initial assignment.
- 6.7.2 Employees identified as needing the Hepatitis B vaccine will be provided information on the Hepatitis B vaccine and will be required to sign an "Informed Consent for Hepatitis B Vaccination Series" form found in Appendix A. The informed consent documents that the employee understands the information presented on the Hepatitis B vaccine and that they give consent to receive the series of vaccinations.
- 6.7.3 Employees who have received antibody testing (titers) and show immunity to Hepatitis B or it is medically contra-indicated are exempt from the SU vaccination requirement.
- 6.7.4 Employees who decline the Hepatitis B vaccine must sign a declination form (Appendix B), which will be held on file.
- 6.7.5 Employees that initially decline the vaccine may request and obtain the vaccination at a later date at no cost to the employee.
- 6.7.6 The Office of Human Resources is responsible for ensuring that the vaccine is offered and if necessary, the declination forms are signed and filed in the employee's medical record.

## 6.8 Communication of Hazards to Employees

6.8.1 Warning labels are affixed to containers of biohazardous waste, refrigerators or freezers containing blood, blood products, or OPIM, other containers used to store, transport, or ship blood, blood products, or OPIM, and contaminated equipment. Red or orange Biohazard warning labels are also posted outside of rooms where biohazardous waste is generated. Red bags may be substituted for labels.

6.8.2 Labels are red or orange in color and have the word “Biohazard”: and the biohazard symbol in contrasting color.



## 6.9 Training

6.9.1 All employees who have occupational exposure to bloodborne pathogens are required to complete bloodborne pathogens training at the start of employment and annually thereafter.

6.9.1.1 The MT Program Coordinator and the Associate Dean for Nursing Education are responsible for providing documentation of annual safety training for adjunct faculty who are working in a clinical setting.

6.9.1.2 Employees that do not currently work in a clinical setting **MUST** attend training provided by the University.

- Bloodborne pathogens training will be offered at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter. Additional training will be provided when new tasks or procedures affect the employee’s chance of an occupational exposure.

6.9.2 Safety training will include an explanation of the following:

- A copy of the standard and an explanation of the text
- Epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This *Exposure Control Plan*

- Procedures that might cause exposure to blood/OPIM at the University or clinical setting.
- Control methods to be used at the University to control exposure to blood/OPIM (engineering controls, safe practice controls, and PPE) to include the uses and limitations, location, removal, decontamination and disposal of PPE.
- What to do if an exposure occurs and exposure follow-up procedures
- Signs and labels used at the University
- Hepatitis B vaccine

## 7.0 Post-Exposure Evaluation and Follow-Up

7.1 **Summary:** When a Stevenson University employee incurs an exposure incident, whether on-campus or off-campus, University-related activities, it is required that the incident be documented and post-exposure follow-up be conducted as follows:

- As soon after the exposure as possible, perform first aid on the exposure site (i.e. wash the area with germicidal soap, flush the eyes or mucous membranes with water).
- Post exposure treatment should be initiated in the optimal 0-2 hour window time period.
- If an exposure occurs after 12 PM on Saturday or anytime on Sunday, the employee should seek post exposure treatment at the nearest Emergency Room.
- The exposed individual will be given a packet which contains the following:
  - A copy of this Exposure Control Plan
  - A copy of the OSHA Bloodborne Pathogen Standard (29CFR 1910.1030)
  - A copy of the incident report form which provides a description of the employees job duties as they relate to the exposure incident and documentation of the route of exposure and the circumstances under which exposure occurred.
  - If available, results of source individual's blood testing
  - If available, vaccination records on file for the exposed individual

### 7.2 If On-Campus Employee Exposure:

- 7.2.1 Report the incident to Security. Security can be reached by dialing "0" from any campus phone on the Greenspring Campus or by dialing "4500" from any campus phone on the Owings Mills Campus. Security will complete an incident report.
- 7.2.2 If an employee is exposed to blood, blood products, or OPIM, the incident must be reported to the immediate supervisor and the Office

of Human Resources for all University employees. A “Report of Injury Form” must be completed by the exposed individual and returned to the Office of Human Resources within 48 hours of the exposure incident (Appendix D).

- 7.2.3 All employees who incur an exposure incident will be directed to Concentra Medical Center for post-exposure evaluation and follow-up, in accordance with the OSHA standard. Locations and hours of operation for Concentra Medical Centers closest to the Greenspring and Owings Mills campus are found in Appendix F.
- 7.2.4 The University will incur the cost for post-exposure evaluation and follow-up for all employees.
- 7.2.5 The Office of Human Resources will follow up with employees following completion of post-exposure evaluation and treatment. Any exposed employee refusing post-exposure medical evaluation by a health care professional must complete the “Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure Form” found in Appendix E.

### **7.3 If Off-Campus Employee Exposure:**

- 7.3.1 If an employee is exposed to blood, blood products, or OPIM, the incident must be reported to the immediate supervisor and the Office of Human Resources for all University employees. A “Report of Injury Form” must be completed by the exposed individual and returned to the Office of Human Resources within 48 hours of the exposure incident (Appendix B).
- 7.3.2 Employees who incur an exposure incident while working in hospitals and clinics should follow the hospital or clinic policies for post-exposure control evaluation. If the hospital or clinic does not have a working plan, the employee should be directed to Concentra Medical Centers for post-exposure evaluation. All employees should report to Concentra Medical Centers for all follow-up visits. Locations and hours of operation for Concentra Medical Centers closest to the Greenspring and Owings Mills campus and found in Appendix C.
- 7.3.3 The University will incur the costs for post-exposure evaluation and follow-up for all employees.
- 7.3.4 The Office of Human Resources will follow up with employees following completion of post-exposure evaluation and treatment. Any exposed employee refusing post-exposure medical evaluation by a health care professional must complete the “Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure Form” found in Appendix E.

#### **7.4 Activities Performed by the Office of Human Resources Following Employee Exposure Incident:**

- 7.4.1 Exposed individual will be given a copy of this Exposure Control Plan.
- 7.4.2 If possible, identify and document the source individual, unless it can be established that the identification is infeasible or there is more than one source individual.
- 7.4.3 Obtain consent and make arrangements with the hospital or Concentra Medical Center to have the source individual tested as soon as possible to determine HIV/HBV/HCV infectivity.
- 7.4.4 If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- 7.4.5 Ensure that the exposed employee is provided with the source individual's test results and with information about applicable laws and regulations concerning disclosure of identity and infectivity of the source individual (e.g. laws protecting confidentiality).
- 7.4.6 A licensed healthcare professional at Concentra Medical Centers will perform the appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be watchful of and to report any related experiences to appropriate personnel. Blood will be collected for HIV/HBV/HCV testing.
- 7.4.7 A written opinion will be obtained from the healthcare physician overseeing the exposed employee care. The physician's opinion will only cover whether or not the Hepatitis B vaccine is indicated, that the exposed employee has been informed about the results of the evaluations, and the exposed employee had been informed about medical conditions that may arise due to exposure to blood, blood products, or OPIM. The physician's written opinion will not reference any personal medical information.
- 7.4.8 The Vice President of Human Resources will ensure that the plan outlined here is effectively carried out for all employees, and will maintain records related to this plan.

#### **7.5 Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

- 7.5.1 The Science Laboratory Safety Manager and the Office of Human Resources will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device used
- PPE used at the time of the exposure incident
- Location of the incident
- Procedure being performed when the incident occurred
- Employee training

7.5.2 If it is determined that revisions need to be made, the Science Laboratory Safety Manager and the Office of Human Resources will ensure that appropriate changes are made to this Exposure Control Plan within 6 months of the incident.

7.5.3 In any situation where the Science Laboratory Safety Manager and the Department of Human Resources determines that an incident placed an employee or member of the public at a significant risk of serious physical or mental injury, the Science Laboratory Safety Manager shall request that the Vice President of Human Resources report the incident to School or University Counsel for plan and risk management review.

## **8.0 Recordkeeping**

### **8.1 Employee Medical Records:**

8.1.1 All medical records and exposure related information will be kept confidential and in accordance with 29 CFR 1910.20.

8.1.2 Medical records will include the individual's social security number, HBVs status, dates of vaccination or declination form, and any other relative records.

8.1.3 The Office of Human Resources will maintain employee exposure records for the duration of employment plus 30 years.

### **8.2 Employee Training Records:**

8.2.1 Records are kept for each employee upon completion of training. Documentation of Bloodborne pathogen exposure training will be maintained by the Office of Human Resources for a minimum of 3 years.

**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN  
II. STUDENT PLAN**

**Bloodborne Pathogens Exposure Control Plan  
Student Plan**

**1.0 Introduction**

- 1.1 Stevenson University is committed to providing a safe and healthful work environment for our students. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize exposure to bloodborne pathogens with the guidance of the OSHA Standard, 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." While students are not "employees" as defined by law, Stevenson University has and will use the OSHA standards as a guideline for protecting students from hazards in the laboratory and clinical setting.
- 1.2 This ECP includes:
- 1.2.1 Determination of student exposure
  - 1.2.2 Implementation of various Engineering controls
  - 1.2.3 Work practice controls methods of exposure control, including:
    - Universal Precautions
    - Engineering controls
    - Work practice controls
    - Personal protective equipment
    - Housekeeping
  - 1.2.4 Hepatitis B vaccination
  - 1.2.5 Post-exposure evaluation and follow-up
  - 1.2.6 Communication of hazards to students, and training
  - 1.2.7 Recordkeeping
  - 1.2.8 Procedures for evaluating circumstances surrounding an exposure incident
- 1.3 This ECP can be accessed by all students from the University website. The ECP is included, in its entirety, in the School of the Sciences *Student Guide* and, in addition, each student with a definite risk or possible risk of exposure will be given a separate copy of this plan.

**2.0 Scope**

- 2.1 This exposure plan is mandatory for all Stevenson University students. All students with the potential for contact with blood or other potentially infectious materials (OPIM) are covered by this plan. This plan must be reviewed and updated annually to reflect changes in tasks, procedures, and/or plan.

### 3.0 Definitions

- 3.1 **Blood** – means human blood, human blood components, and products made from human blood.
- 3.2 **Bloodborne Pathogen** – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 3.3 **Other Potentially Infectious Materials (OPIM)** – means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, saliva in dental procedures, and 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, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 3.4 **Contaminated** – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 3.5 **Exposure Incident** – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student's duties.
- 3.6 **Personal Protective Equipment (PPE)** – is specialized clothing or equipment worn by a student for protection against a hazard. General street or work clothes (e.g., slacks, shorts, skirts, uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- 3.7 **Universal Precautions** – is an approach to infection control. Universal Precautions presumes that all human blood and certain human body fluids shall be treated as if infected by HIV, HBV, and other bloodborne pathogens.

### 4.0 Responsibilities

- 4.1 **Security** – Respond to all exposure incidents on campus and administer First Aid. Ensure student receives a copy of this plan.
- 4.2 **Science Laboratory Safety Manager** – Ensure the procedures of this plan are followed and students within the School of the Sciences are trained. Responsibilities include reviewing the circumstances of exposure incidents

within the School of the Sciences to determine if plan amendments are needed.

- 4.3 **Department Chair of Biological Sciences/ Medical Technology Program Coordinator/ Associate Dean for Nursing Education/ Clinical Coordinator for Nursing/ Dean of the School of the Sciences** – Ensure the procedures of this plan are followed. Responsibilities include making a copy of the plan available to students, ensuring students are trained, and enforcing compliance with this plan.
- 4.4 **Director of Wellness Center** – Ensure the procedures of this plan are followed. Responsibilities include performing follow-up on incident exposures for students, and maintaining student records related to the exposure incident.
- 4.5 **Students** – Are required to follow the guidelines and procedures set forth in this plan. Students studying or interning at an off-site laboratory or other clinical setting must familiarize themselves and abide by the procedures applicable to the location where they are working or studying.
- 4.6 **All Persons Working in the Science Laboratory Areas** –
- 4.6.1 Must follow the safety provisions outlined in the Bloodborne Pathogen Exposure Control Plan developed for their operations, tasks, or procedures while utilizing “Universal Precautions.”
  - 4.6.2 Provide suggestions to the department head or supervisor for safety improvements to the existing Exposure Control Plan.
  - 4.6.3 Report accidents involving human blood products, body fluids, and other potentially infectious materials to the supervisor and obtain medical attention at Patient First Medical Center.
  - 4.6.4 Attend mandated safety training.
  - 4.6.5 Be aware of, and report conditions likely to cause exposure to bloodborne pathogens to the Laboratory Safety Manager.

## 5.0 Exposure Determination

- 5.1 The University performed exposure determinations to ascertain which student groups are likely to incur exposure to blood or OPIM and which procedures are likely to cause exposure. The University performed this exposure determination without regard to the use of PPE. Please note that students are considered to be exposed even if donned in PPE.
- 5.2 This exposure determination is required to list all student groups in which all students may be expected to incur such exposure, regardless of frequency. Within the University, the following classifications are in this category:
- Medical Technology Students
  - Nursing Students
  - Forensic Science Students

- 5.3 In addition, the University performed an exposure determination of student groups in which some students may have exposure to blood or OPIM. Because not all the students in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these students to have exposure were also listed in order to understand clearly which students in these categories are considered to have exposure. The student groups and associated tasks for these categories are as follows:

<u>Student Group</u>	<u>Tasks/Procedures</u>
Biology Students	Independent research
Chemistry Students	Independent research

- 5.4 Specific Tasks – In performing the following procedures/tasks, there is a risk that exposures to blood or OPIM can occur:
- 5.4.1 Handling contaminated sharps, and other laboratory devices
  - 5.4.2 Procedures involving the containment and management of “regulated waste” disposal
  - 5.4.3 All procedures involving contact with mucous membranes, body fluids, and blood.

## 6.0 Implementation Schedule and Methodology

- 6.1 **Overview:** This section describes the Universal Precautions, engineering controls, and PPE for students who may come in contact with blood, blood products, or OPIM. This section also covers safe work practice controls for students working with potentially infectious materials, hepatitis B vaccination, hazards communication, and training.
- 6.2 **Universal Precautions.** Universal Precautions will be observed at the University in order to minimize contact with blood, blood products, or OPIM. All human blood, blood products, or OPIM will be considered infectious regardless of the perceived status of the source individual.
- 6.3 **Engineering Controls.** Engineering and safe work practice controls will be used to eliminate or minimize exposure to students at the University. Where possible exposure remains after institution of these controls, PPE shall also be used.
- 6.3.1 Commercially-prepared samples and controls, tested negative for all viral markers currently being tested, will be used in student labs whenever possible.
  - 6.3.2 Splash shields and protective eyewear will be used in any laboratory when splashing, spraying, and splattering or generation of droplets is anticipated.

- 6.3.3 Immediately after use, all disposable, contaminated sharps, (needles, surgical instruments, syringe with attached sharp, etc.) will be placed in leak-proof, puncture-resistant disposable containers, labeled with the biohazard label. These sharps containers are located in SC 36, SC 37, SC 102, SC 107, KH 19, and KH 22 on the Greenspring Campus. They are inspected and maintained by their respective departments (clinical nursing faculty and/or laboratory managers) or replaced when 2/3 full to prevent overfilling. The contaminated sharps waste will be disposed by Stericycle.
- 6.3.4 Specimens of blood/OPIM will be placed in leak-proof, puncture resistant disposable sharps containers, labeled with the biohazard label.
- 6.3.5 Non-sharp, contaminated materials will be placed in marked biohazard receptacles and will be autoclaved onsite by the Biology Laboratory Manager prior to disposal.
- 6.3.6 Mechanical pipetting devices are used, when applicable.

<u>Control</u>	<u>Schedule</u>
Sharps disposal containers	Replaced when 2/3 full Disposal by Stericycle
Biohazard waste bags	Steam sterilized onsite Disposal municipal waste or Disposal by Stericycle
Mechanical pipetting devices	Cleaned, if contaminated, as per manufacturer's instructions by the Biology Laboratory Manager or the Medical Technology faculty members at the end of the semester.

#### 6.4 **Safe Work Practice Controls**

- 6.4.1 Hand washing facilities are available in each laboratory on the Greenspring Campus (SC 37, SC 102, SC 107, SC 121, SC 122, SC 123, SC 124, SU 16, KH 10, KH 22, and KH 103).
- 6.4.2 Skin is washed immediately with liquid dispensed soap after handling or contact with blood/OPIM, whenever gloves or other PPE are removed, or before leaving a contaminated area.

**6.4.2.1 Procedure for hand washing:**

- Use running water and soap from a dispenser.
- Wet hands first with warm water
- Apply soap and lather hands together for 10-15 seconds
- Avoid splashing water on clothing or floors or touching faucets or sinks.
- Rinse hands well under running water.
- Pat hands dry with paper towels.
- Turn off faucets with dry paper towels if knee or foot controls are not available.

6.4.3 Eye wash stations are provided in the science laboratories. They can be found in KH 10, KH 22, KH 103, SC 102, SC 107, SC 119, SC 122, and SC 124.

6.4.4 All procedures involving blood/OPIM will be performed in a manner as to minimize splashing, spraying, splattering and generation of droplets (i.e., centrifuge caps).

6.4.5 Mouth pipetting or suctioning of blood/OPIM is prohibited.

6.4.6 Eating, drinking, smoking, applying cosmetics, or other hand-to-mouth activities, and handling contact lenses are prohibited in areas where blood/OPIM is present.

6.4.7 Food and/or drink storage is prohibited in areas such as refrigerators, freezers, shelves, cabinets, countertops or bench tops, where blood/OPIM are present.

6.4.8 Medical Technology faculty will perform the decontamination of contaminated equipment if obvious contamination is observed or at the end of the semester with 10% bleach or EPA registered disinfectant.

- Hemocytometers
- Microhematocrit centrifuge
- Spectrophotometers

6.4.9 If obvious contamination is observed, the Biology Laboratory Manager or Science Laboratory Safety Manager should be notified so that the equipment can be disinfected. This includes:

- Centrifuges
- Spectrophotometers
- Automated instruments

6.4.10 Science, Medical Technology, and Nursing faculty will ensure that the proper decontamination of contaminated equipment/surfaces with a 10% bleach solution or other disinfectant is performed as needed.

## 6.5 Personal Protective Equipment (PPE)

6.5.1 The University has chosen PPE based on anticipated potential student exposure to blood, blood products, or OPIM. PPE must be worn by all students participating in laboratory or clinical exercises involving exposure to blood, blood products, or OPIM. The syllabus for each laboratory course will dictate what PPE the student is expected to purchase from the University bookstore for that course. If replacement PPE is needed, with the exception of gloves, the students must incur the costs. Closed toe shoes are mandatory in all science laboratories.

### 6.5.2 Gloves

6.5.2.1 The University will provide gloves to students at no cost.

6.5.2.2 Gloves shall be worn at all times when it is reasonably anticipated that students may have hand contact with any infectious agent. This includes blood, blood products, mucous membranes, non-intact skin, OPIM, and contaminated surfaces or items.

6.5.2.3 Gloves should be removed immediately following any penetration by blood, blood products, or OPIM.

6.5.2.4 Gloves should be removed and disposed in the general waste stream before leaving the laboratory. Gloves should never be washed or decontaminated for re-use.

6.5.2.5 Gloves should be replaced as soon as possible if they are torn, penetrated, or the barrier is compromised in anyway.

6.5.2.6 Gloves visibly contaminated with blood or OPIM must be disposed in the biohazard waste containers and will be steam sterilized onsite and disposed.

#### 6.5.2.7 Procedure for glove removal:

- With dominant hand, make cuff by hooking gloved fingers into the area below the outside edge of the other glove. Pull the glove inside out as you remove it and hold the glove in your gloved hand.
- Tuck your ungloved fingers under the inside edge of the remaining glove. Pull that glove down over the gloved hand so that the first glove is encased in the second glove as the latter is turned inside out. Discard both gloves in the marked biohazard bag.
- Wash your hands immediately.

6.5.2.8 Students must wash their hands prior to leaving the laboratory (Refer to 6.4.2.1 under “Procedure for Hand Washing”).

### 6.5.3 **Laboratory Coats**

6.5.3.1 All students must purchase the proper impermeable laboratory coats prior to performing laboratory work. Students participating in laboratory courses at the University are required to leave their laboratory coats in the designated areas within the laboratories. The laboratory coats will be steam sterilized on-site and disposed at the end of each semester.

6.5.3.2 Laboratory coats must be worn and buttoned or snapped closed at all times while working in the science laboratories.

### 6.5.4 **Protective Eyewear** (safety glasses, chemical splash goggles)

6.5.4.1 Protective eyewear does not include corrective eyeglasses.

6.5.4.2 All students must purchase eye protection prior to performing any laboratory work.

6.5.4.3 Eye protection is required to be worn whenever splashes, sprays, splatter, or droplets of blood, blood products, or OPIM may be generated.

6.5.4.4 Eye protection must be removed prior to leaving the laboratory.

6.5.5 When a protective garment is penetrated by blood or OPIM and the substance has reached the student’s own street clothes, or undergarments, the clothing is removed immediately, or as soon as is possible prior to the student leaving the work area.

## 6.6 **Housekeeping**

Housekeeping is of the utmost importance in the prevention of student exposure to infectious surfaces or materials.

### 6.6.1 **Sharps Procedures**

6.6.1.1 Broken glassware, which may be contaminated, should not be cleaned up by students. Please notify the instructor. Broken glass must never be picked up by hand. The glassware should be swept up using the dust pan sets available in SC 102, SC 106, SC 107, SC 124, SC 122, KH 10, and KH 22. Gloves should be worn while cleaning broken

glassware. Contaminated glassware should be disposed into a closable, puncture resistant, leak-proof, and labeled biohazard sharps container.

- 6.6.1.2 Contaminated sharps must be disposed of immediately following use. They should be put into closable, puncture resistant, leak-proof, and labeled biohazard sharps container. These containers should be replaced once they are 2/3 full.
- 6.6.1.3 The Biology Department will steam sterilize all biohazard sharps cardboard sleeves and bags located throughout the School of the Sciences laboratories. Biohazard sharps containers used for needles and/or blood vials will be collected and disposed through Stericycle.
- 6.6.1.4 The University has scheduled pickups with Stericycle for biohazard waste. The pickups will be scheduled as needed for the Greenspring and Owings Mills campuses. When biohazard containers are 2/3 full, the Science Laboratory Safety Manager or the Director of Facilities should be notified to schedule a pickup.

## 6.6.2 **Equipment Procedures**

- 6.6.2.1 Equipment will be decontaminated when the students have completed use of the instrument in the laboratory or, if it is used throughout the semester, decontaminated at the end of the semester.
- 6.6.2.2 Equipment contaminated with blood or blood products should be decontaminated using a fresh 1:10 dilution of household bleach (10% bleach solution) or following manufacturer's recommendations. A 10% bleach solution may be corrosive to some parts.
- 6.6.2.3 All working surfaces should be disinfected after contact with blood, blood products, or OPIM. The working surfaces should be disinfected using a fresh 1:10 dilution of household bleach (10% bleach solution) or an EPA registered disinfectant immediately following a spill as well as at the end of each laboratory session.
- 6.6.2.4 Reusable containers (test tube racks, heat blocks, etc.) shall be inspected and decontaminated using a fresh 1:10 dilution of household bleach (10% bleach solution) or an EPA approved disinfectant immediately after a spill of blood/OPIM, and at the end of the semester.

### 6.6.3 General Procedures

6.6.3.1 Tubes, vials, or other biological specimen containers cannot be placed in wastebaskets customarily emptied by janitorial personnel. These materials must be placed into biohazard bags to be autoclaved before being discarded or placed into marked biohazard boxes for disposal by Stericycle.

6.6.3.2 Decontamination of body fluid spills and grossly contaminated surfaces shall occur as soon as possible using the following procedures:

6.6.3.2.1 Notify the instructor and all students in the immediate work area. The instructor (or the student, under direct supervision by the instructor) will perform the decontamination procedure. If an individual is injured, call Security.

6.6.3.2.2 Put on gloves and any other necessary PPE.

6.6.3.2.3 Contain the spill by covering with paper towels or other absorbent material.

6.6.3.2.4 Saturate the contaminated area with a 1:10 dilution of household bleach (10% bleach solution) or EPA registered disinfectant and immediately wipe the area to remove the blood or OPIM.

6.6.3.2.5 Reapply the 10% bleach solution or the EPA registered disinfectant to the area and allow the disinfectant to penetrate for a minimum of 10 minutes making certain the area is well-marked.

6.6.3.2.6 If broken glass or other sharp material is present, it must never be picked up by hand. Use the Biohazard spill cleanup kits and follow the enclosed directions. The kits are located in KH 10, KH 103, KH 22, SC 106, SC 107, and SC 124.

6.6.3.2.7 Discard the contaminated materials in an appropriate medical waste container (point of use sharps container or autoclave bag, or biohazard box) depending on the nature of the biohazardous material.

6.6.3.2.8 Remove gloves and other PPE.

#### 6.6.3.2.9 Wash hands.

### 6.7 Hepatitis B Vaccination

6.7.1 **Vaccination Requirement.** All medical technology and nursing students are required to have hepatitis B virus (HBV) titers drawn to demonstrate effective vaccination prior to starting clinical courses. The Medical Technology Program Coordinator and the Associate Dean of Nursing Education must ensure that this plan requirement is fulfilled. A record of titer results are kept with the student's School of the Sciences supplemental health form in the School of the Sciences Administrative Office. Medical technology or nursing students who decline the hepatitis B vaccine must sign a declination form and it must be filed at the Wellness Center.

### 6.8 Communication of Hazards to Students

6.8.1 Warning labels are affixed to containers of biohazardous waste, refrigerators or freezers containing blood, blood products, or OPIM, other containers used to store, transport, or ship blood, blood products, or OPIM, and contaminated equipment. Red or Orange Biohazard warning labels are also posted outside of the rooms where biohazardous waste is generated. Red bags may be substituted for labels.

6.8.2 Labels are red or orange in color and have the word "Biohazard" and the Biohazard symbol in a contrasting color.



### 6.9 Training

6.9.1 All students within the University are required to complete bloodborne pathogens training prior to situations that may involve possible exposure to blood or OPIM. The most likely student groups to incur an exposure are found in section 5.0 of this ECP.

6.9.2 Safety training will include an explanation of the following:

- Modes of transmission of bloodborne pathogens

- This *Exposure Control Plan*
- Procedures that might cause exposure to blood/OPIM at the University or in the clinical setting.
- Control methods to be used at the University to control exposure to blood/OPIM (engineering controls, safe practice controls and PPE) to include the uses and limitations, location, removal, decontamination and disposal of PPE
- What to do if an exposure occurs and exposure follow-up procedures
- Signs and labels used at the University
- Hepatitis B vaccine

## 7.0 Post-Exposure Evaluation and Follow-up

- 7.1 **Summary:** When a Stevenson University student incurs an exposure incident, whether on-campus or in off-campus, University-related activities, it is required that the incident be documented and post-exposure follow-up be conducted as follows:
- As soon after the exposure as possible, perform first aid on the exposure site (i.e. wash the area with germicidal soap, flush the eyes or mucous membranes with water).
  - Post exposure treatment should be initiated in the optimal 0-2 hour window time period.
  - If an exposure occurs after 12 PM on Saturday or anytime on Sunday, the student should seek post exposure treatment at the nearest Emergency Room.

### 7.2 If On-Campus Student Exposure:

- 7.2.1 Report the incident to Security and the Director of the Wellness Center. Security can be reached by dialing “0” from any campus phone on the Greenspring Campus or by dialing “4500” from any campus phone on the Owings Mills Campus. Security will complete an incident report.
- 7.2.2 If a student is exposed to blood, blood products or OPIM, the incident must be reported to the appropriate program contact (Medical Technology Program Coordinator, Associate Dean for Nursing Education, or Forensic Science Program Coordinator). The program contact will report the incident to the Science Laboratory Safety Manager, the Dean of the School of the Sciences, and the Biology Department Chair (for Medical Technology students). All student exposure cases must also be reported to the Director of the Wellness Center. The “Report of

Injury” form must be completed by the exposed individual and returned to the Director of the Wellness Center within 48 hours of the exposure incident (Appendix D).

- 7.2.3 All students who incur an exposure incident will be directed to Patient First Medical Center for post-exposure evaluation and follow-up. Locations and hours of operation for Patient First Medical Centers closest to the Greenspring and Owings Mills campus are found in Appendix G.
- 7.2.4 The general student population is responsible for their healthcare costs related to post-exposure treatment. Students are responsible for submitting claims to their health insurance carrier (Appendix H).
- 7.2.5 The Wellness Center will follow up with students following completion of post-exposure evaluation and treatment. Any exposed student refusing post-exposure medical evaluation by a health care professional must complete the “Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure” form found in Appendix E.

### **7.3 If Off-Campus Student Exposure:**

- 7.3.1 Report the incident to the immediate clinical supervisor and the appropriate program contact (Medical Technology Program Coordinator, Associate Dean for Nursing Education, or Forensic Science Program Coordinator). The program contact will report the incident to the Science Laboratory Safety Manager, the Dean of the School of the Sciences, and the Biology Department Chair (for Medical Technology students).
- 7.3.2 The incident must be reported to the Director of the Wellness Center for all students. The “Report of Injury” form must be completed by the exposed individual and returned to the Director of the Wellness Center within 48 hours of the exposure incident (Appendix D).
- 7.3.3 All students who incur an exposure incident while working in hospitals or clinics should follow the hospital or clinic policies for post exposure control evaluation. If the hospital or clinic does not have a working plan, the students should be directed to Patient First Medical Centers for post-exposure evaluation. All students should report to Patient First Medical Centers for all follow-up

visits. Locations and hours of operation for Patient First Medical Centers closest to the Greenspring and Owings Mills campus are found in Appendix G.

7.3.4 The general student population is responsible for their healthcare costs related to post-exposure treatment. Students are responsible for submitting claims to their health insurance carrier (Appendix H).

7.3.5 The Wellness Center will follow up with students following completion of post-exposure evaluation and treatment. Any exposed student refusing post-exposure medical evaluation by a health care professional must complete the “Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogens Exposure” form found in Appendix E.

**7.4 Activities Performed by the Director of the Wellness Center (or Designee) Following Student Exposure Incident:**

7.4.1 Exposed individual will be given a copy of this plan.

7.4.2 If possible, identify and document the source individual, unless it can be established that identification is infeasible or there is more than one source individual.

7.4.3 Obtain consent and make arrangements with the hospital or Patient First to have the source individual tested as soon as possible to determine HIV/HBV/HCV infectivity.

7.4.4 If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.

7.4.5 Ensure that the exposed student is provided with the source individual’s test results and with information about applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual (e.g. laws protecting confidentiality).

7.4.6 A licensed healthcare professional at Patient First Medical Centers will perform the appropriate counseling concerning precautions to take during the period after the exposure incident. The student will also be given information on what potential illness to be watchful of and to report any related experiences to appropriate personnel. Blood will be collected for HIV/HBV/HCV testing.

- 7.4.7 A written opinion will be obtained from the healthcare physician overseeing the exposed student care. The physician's opinion will only cover whether or not the Hepatitis B vaccine is indicated, that the exposed student has been informed about the results of the evaluations, and the exposed student had been informed about medical conditions that may arise due to exposure to blood, blood products, or OPIM. The physician's opinion will not reference any personal medical information.
- 7.4.8 The Director of the Wellness Center will ensure that the plan outlined here is effectively carried out for all students, and will maintain records related to this plan.

**7.5 Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

- 7.5.1 The Medical Technology Program Coordinator, the Associate Dean for Nursing Education, the Science Laboratory Safety Manager, the Dean of the School of the Sciences, the Forensic Science Program Coordinator (if Forensic Science students), and the Biology Department Chair (if Medical Technology student) will review the circumstances of all exposure incidents to determine:
- Engineering controls in use at the time
  - Work practices followed
  - A description of the device used
  - PPE used at the time of the exposure incident
  - Location of the incident
  - Procedure being performed when the incident occurred
  - Student training
- 7.5.2 If it is determined that revisions need to be made, the Science Laboratory Safety Manager will ensure that appropriate changes are made to this Exposure Control Plan within 6 months of the incident.
- 7.5.3 In any situation where the Science Laboratory Safety Manager determines that an incident placed a student, employee, or member of the public at a significant risk of serious physical or mental injury, the Science Laboratory Safety Manager shall request that the Dean of the School of the Sciences report the incident to School or University Counsel for plan and risk management review.

## **8.0 Recordkeeping**

### **8.1 Student Medical Records:**

- 8.1.1 All medical records and exposure related information will be kept confidential.
- 8.1.2 Medical records will include the individual's social security number, HBV status, dates of vaccination or declination form, and any other relative records.
- 8.1.3 The Director of the Wellness Center will maintain student exposure records and HBV titer records for the duration of their education at Stevenson University plus 7 years.

- 8.2 **Student Training Records.** As per affiliate contracts with the University, documentation of bloodborne pathogens training is maintained by the appropriate program contacts (Medical Technology Program Coordinator, Associate Dean for Nursing Education, or Forensic Science Program Coordinator) for a minimum of 4 years.

*Date of Preparation: February 1995*

*Date of Revision: February 2004, April 2008, November 2008, January 2009, March 2009, August 2010, June 2011.*

**THIS PLAN SHALL BE REVIEWED ANNUALLY**

---

Brenda B. Balzer, SPHR  
Vice President, Human Resources

---

Susan Thompson Gorman, Ph.D.  
Dean, School of the Sciences

---

Linda (Lindy) Reymann, Ph.D., LCPC, R.N.  
Associate Dean and Director of the Wellness Center

---

Denise Seigart, Ph.D., R.N.  
Associate Dean for Nursing Education

---

Vivi-Anne Griffey, M.S., MLS(ASCP)<sup>CM</sup>  
Program Coordinator, Medical Laboratory Technology

---

Gregory Penczek  
Head Athletic Trainer

---

Leland Beitel  
Assistant Vice President, Facilities and Campus Services

---

Jon Wells  
Director, Facilities

---

Janine Bennett  
College Health Nurse, R.N.

---

Stephanie McClouds, M.H.S.  
Science Laboratory Safety Manager

---

Date

## Appendix A

### Informed Consent for Hepatitis B Vaccination Series Employee Form

I give consent to Stevenson University to administer the Hepatitis B vaccine in an effort to provide immunization against hepatitis B. I acknowledge the following:

1. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my occupational duties.
2. I have read and understand the information sheets that list the indications, benefits, and presently known side effects of hepatitis B vaccination. I have had an opportunity to ask questions and have had them answered to my satisfaction.
3. I understand that I must receive a series of 3 doses over a six month time period to achieve optimal immunity.
4. I understand that there is no guarantee of immunity or that I will not experience any side effects as a result of receiving the vaccination. In the event that I experience side effects or do not become immune from the vaccine, I hereby hold Stevenson University blameless from any and all liability to the extent permitted under the law.
5. I do not, at the present time, have any active infection. I am not pregnant, nor am I nursing an infant. I have no known history of hepatitis B.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix B

### Hepatitis B Vaccination Declination Employee Form

I understand that due to my occupation 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.

Reason for Declination

{ } I do not wish to be vaccinated at this time.

{ } The vaccine is contraindicated for medical reasons.

{ } I have already received the Hepatitis B series. Year vaccinations received: \_\_\_\_\_

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Witness, Human Resources

\_\_\_\_\_  
Date

## Appendix C

### Hepatitis B Vaccination Declination Student Form

I understand that due to my potential exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been counseled that I should receive the hepatitis B vaccine or in the case of a negative titer, a booster. However, I decline hepatitis B vaccination or booster at this time.

I understand that by declining this vaccine or booster, I continue to be at risk of acquiring hepatitis B, a serious disease.

**Reason for Declination:**

*Please place a check in the box next to your reason for declination.*

- I do not wish to be vaccinated or receive the booster at this time.
- The vaccine or booster is contraindicated for medical reasons.

---

*Student Name (please print)*

---

*Academic Program (Major)*

---

*Student Signature*

---

*Date*

---

*Witness, Wellness Center*

---

*Date*

Appendix D

**STEVENSON**

UNIVERSITY

Imagine your future. Design your career.®

Form Created: March 30, 2009

**REPORT OF INJURY**

(To be completed by the injured party only)

Current Status: SU Employee \_\_\_\_\_ Student \_\_\_\_\_ Visitor \_\_\_\_\_

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Telephone # (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of Incident: \_\_\_\_\_  
Name of Building Area (office, bathroom, etc.)

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM

Description of incident: (Must include materials and equipment used at the time of the incident as well as the specific activity being performed when the incident occurred, including events that occurred immediately before the incident):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an exposure to blood, blood products or other potentially infectious materials? \_\_\_\_\_

If yes, indicate the type of body fluid: \_\_\_\_\_ Was it a percutaneous wound (needle stick, etc.): \_\_\_\_\_

Describe how the area of exposure was cleaned: \_\_\_\_\_  
\_\_\_\_\_

Were you given directions on how to proceed with medical care? \_\_\_\_\_  
\_\_\_\_\_

Recommendation on how to prevent this incident from recurring: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Complete if Injured Party is an Employee of Stevenson University:**

**Present Job Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

SU I.D.: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

Name(s) of Witness(es): \_\_\_\_\_ Phone: \_\_\_\_\_

When did you report the accident to SU? \_\_\_\_\_

To whom did you report the injury? \_\_\_\_\_

Did you require medical attention? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Maybe: \_\_\_\_\_

Name of your treating physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Injured Party: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix E**

**Refusal of Post-Exposure Medical Evaluation  
for Bloodborne Pathogens Exposure**

**Exposed Employee/Student Information**

Name: \_\_\_\_\_

Title/SU Major: \_\_\_\_\_

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

**Statement of Understanding**

I have been trained in SU's Exposure Control Plan, and I understand my exposure to blood, blood products, or OPIM puts me at risk for the development of infectious diseases such as HIV, HBV, and HCV. I also understand the implications of contracting these diseases.

I have been counseled to receive follow-up medical testing and evaluation at Patient First Medical Centers/Concentra Medical Centers or a similar facility to determine whether or not I have contracted an infectious disease.

Despite all the information I have received, for personal reasons, I freely decline to seek post-exposure evaluation and follow-up care.

\_\_\_\_\_  
Exposed Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

## Appendix F

### Location and Hours of Concentra Medical Centers Employee Information

When a Bloodborne pathogen exposure occurs either on campus or in off campus, University-related activities, the University recommends that the employees go to Concentra Medical Centers for post exposure treatment. Concentra Medical Centers will ensure that all the requirements dictated by law are followed and the appropriate documentation will be kept on file for the individual. If an employee should incur an exposure incident while working in affiliated hospitals or clinics, the individual should follow the hospital policies for post exposure control evaluation. Following the initial post exposure treatment, all other post exposure follow-up visits should be performed at Concentra Medical Centers. Please be aware that the employee can go to any hospital, clinic, or primary care physician to receive treatment, but that Emergency Room staff and private physician may not prioritize a bloodborne pathogens exposure and therefore treatment may not be initiated in the optimal 0-2 hour window. In addition private physicians may not provide necessary counseling that the law requires.

Security should fax the Stevenson University incident report to Concentra as soon as possible. Ideally, the incident report should be at Concentra prior to the patient's arrival.

The address and hours for three of the closest Concentra Medical Centers closest to campus are listed below. There are other locations also available. Please note that the Concentra in Timonium is the closest to the Greenspring and Owings Mills Campus. If the incident occurs during Concentra Medical Centers closing hours, then the employee should seek treatment at the nearest Emergency Room.

#### Timonium

Yorkridge Center  
1840 York Road, Suite E  
Timonium, MD 21093  
Phone: 410-252-4015  
Fax: 410-252-7410  
Hours:  
7:30 a.m. to 5:00 p.m.  
Monday - Friday

#### Arbutus

1419 Knecht Ave.  
Baltimore, MD 21227  
Phone: 410-247-9595  
Fax: 410-247-7553  
Hours:  
7:00 a.m. Monday to 12:00  
p.m. Saturday

#### Downtown Baltimore

100 S. Charles Street  
Suite 150  
Phone: 410-752-3010  
Fax: 410-539-7023  
Hours:  
8:00 a.m. to 5:00 p.m.  
Monday - Friday  
7:00 a.m. to 12:00 p.m.  
Saturday

## Appendix G

### Patient First Medical Centers Locations and Hours of Operation Student Information

When a bloodborne pathogens exposure occurs either on campus or in off campus, University-related activities, the University recommends that the student go to Patient First Medical Centers for post exposure treatment. If a student should incur an exposure incident while engaged in course-related activities in affiliated hospitals or clinics, the student should follow the hospital policies for post exposure control evaluation. Following the initial post exposure treatment, all other post exposure follow-up visits should be performed at Patient First Medical Centers. Please be aware that the student can go to any hospital, clinic, or primary care physician to receive treatment, but that Emergency Room staff and private physicians may not prioritize a bloodborne pathogens exposure and therefore treatment may not be initiated in the optimal 0-2 hour window. In addition private physicians may not provide necessary counseling.

The address and hours of operation for two of the Patient First Medical Centers closest to campus are listed below. There are other locations also available. If the incident occurs during Patient First's closing hours, then the student should seek treatment at the nearest Emergency Room.

#### Green Spring Station

10755 Falls Road, Suite 160  
Lutherville, MD 21093  
Phone: 410-583-2777  
Fax: 410-583-2782  
Hours: 8:00 a.m. to 10:00 p.m.  
365 days of a year

#### Owings Mills

10210 Reisterstown Road  
Owings Mills, MD 21117  
Phone: 410-902-6776  
Fax: 410-902-6936  
Hours: 8:00 a.m. to 10:00 p.m.  
365 days of a year

## Appendix H

### Payment for Healthcare Services Provided by Patient First Medical Centers

As required by law, the University will incur the cost of healthcare services rendered for post-exposure treatment for all employees. This includes any students that have an employee/employer relationship with the University (work study, graduate assistants, etc.) and who have an exposure incident while performing duties related to their University employment.

With the exception noted above, **students are responsible for their healthcare costs related to post-exposure treatment.** Patient First Medical Centers will bill insurance carriers directly for any services rendered. The student is responsible for any copayments or costs not covered by his/her health insurance carrier.

Patient First Medical Centers will never turn away a student seeking post-exposure care. No matter what the circumstance, report to Patient First Medical Centers or a similar facility to receive the post-exposure care for a bloodborne pathogens exposure. Your safety and health is of the utmost importance.