WFUHS ENVIRONMENTAL HEALTH & SAFETY			
TITLE: EXPOSURE CONTROL PLAN			
APPROVED BY:		EFFECTIVE DATE:	
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PLAN REVIEW

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I. PURPOSE

To provide a comprehensive and integrated plan designed to eliminate or minimize faculty, staff, student and volunteer occupational exposures to blood and other potentially infectious materials.

II. SCOPE AND APPLICATION

The Exposure Control Plan applies to all Wake Forest University Health Sciences (WFUHS) faculty, staff, students and volunteers. It extends to all WFUHS campuses and facilities.

III. PLAN COORDINATION – NCBH & WFUHS

This plan intends to be congruent with North Carolina Baptist Hospital's Exposure Control Plan. The information contained in the plan, though differing in specific wording and format, represents similar practices between NCBH and WFUHS. The principles of strong compliance and effective controls remain integral to the practice of this plan. WFUHS Environmental Health and Safety, in collaboration with the Hospital Epidemiologist, will maintain a consistent relationship with NCBH Infection Control in order to ensure that no significant differences in compliance practices exist.

IV. AUTHORITY

Government Documents

Regulations	Title
29 CFR Part 1910.1030	Occupational Exposure to Bloodborne Pathogens, Needlestick and Other Sharps Injuries, Bloodborne Pathogen Standard
15A NC Administrative Code 19A	North Carolina Administrative Code. Title 15A: Department of Environment, Health and Natural Resources

V. ROLES AND RESPONSIBILITIES

A. WFUHS Department of Environmental Health and Safety

- Review the Exposure Control Plan annually or more frequently, if necessary.
- Investigate and analyze bloodborne pathogen exposures; report to various WFUHS Committees.
- Administer the Biowaste management Program for WFUHS.
- Provide consultation to department heads, managers and supervisors to reduce occupational bloodborne pathogen exposures.
- Develop initial and annual training in support of this Plan.

- Facilitate the Safer Device Work group and maintain documentation of meetings, all product reviews and annual review of both safety and non-safety devices.
- Coordinate with clinical departments the evaluation of engineering controls and safety devices.
- In conjunction with clinical departments, coordinate education and training of faculty and staff in the proper use of safety devices.

B. Department Chairs, Directors, and Section Heads

- Ensure compliance with all aspects of Peoplesoft hazard assessment of faculty and staff; update hazard assessment as job hazards change.
- Ensure compliance with annual review requirements, including hazard assessment.

C. Nurse/Clinical, Laboratory Managers, Supervisors, Coordinators

- Ensure that personal protective equipment and other necessary supplies are readily available in accessible locations.
- Evaluate compliance through:
  - Incorporating compliance OSHA's final rule into each employee's performance evaluation.
  - Initiating remediation or education for non-compliance
  - Initiating and documenting disciplinary action for failure to comply
  - Ensuring that instructors/students from Allied Health programs external to the WFUHS have completed Bloodborne Pathogens training prior to the first clinical rotation
  - Ensuring that contract personnel are oriented to WFUHS Exposure Control Plan
  - Ensure completion of education for faculty and staff initially and annually, including a review of the hazard assessment.

D. Employee Health Services

- Administer the Hepatitis B Vaccination program, to include faculty, staff, students and volunteers.
- Provide post-exposure evaluation and case management.
- Maintain documentation of exposures and follow-up as required by the most current OSHA final rule and CDC recommendations. Keep a Sharps Injury Log.

E. Risk Management

- Processes and maintains all employee exposures
- Monitors injury and near miss incidents for trends.
- Coordinates with Employee Health Services and Environmental Health & Safety to assure proper follow-up on all exposures with an emphasis on prevention.

F. WFUHS Environmental Services

- Review biowaste disposal guidelines.
- Maintain policies and procedures for cleaning and disinfecting of work areas.
- Review and revise protocols for clean up of contaminated spills.

G. Purchasing Department

- Indentifies manufactures of safer devices, the latest versions of safer devices and obtains a supply for use in product evaluations.

H. Occupationally-Exposed Faculty and Staff

- Know the tasks they perform that may result in occupational exposure.
- Complete annual bloodborne pathogens training and review of hazard assessment.
- Plan and conduct all tasks with potential occupational exposure in accordance with this plan.
- Report to WFUBMC Employee Health Services for follow-up of all occupational exposures.
- Report the absence or inadequate performance of personal protective equipment (PPE) and/or engineering controls to their supervisor.
- Participate in the identification, evaluation, and selection of effective engineering controls.

I. North Carolina Baptist Hospital

- Ensure all employees, trainees, and others of NCBH who are determined to have occupational exposure to bloodborne pathogens shall comply with the WFUHS Exposure Control Plan during the performance of their duties.

J. Contract Personnel

Contract Employee:

- The employer of contract personnel is responsible for compliance with OSHA Bloodborne Pathogens Standard 29 CFR part 1910.1030, December 6, 1991 and subsequent revision.

Contract Employees:

- Shall participate in the WFUHS specific training programs.
- Shall follow the procedures designed to minimize or eliminate potential exposure to bloodborne pathogens. Failure to comply with requirements for health and safety may result in the loss of privileges.
- Shall report exposure incidents to the WFUBMC Employee Health and their occupational health provider.

K. Allied Health Training Programs

Allied Health Training Programs include nursing, pharmacy or other students of healthcare-associated professional preparation and are not part of the Wake Forest University. Program administrators are responsible for ensuring that instructors as well as students receive bloodborne pathogen training prior to clinical rotations.

Instructors are responsible for obtaining departmental specific training from the clinical training area.

VI. DEFINITIONS

The following KEY TERMS used in this policy shall be defined as follows:

- BBP (Bloodborne Pathogens). 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), Human Immunodeficiency Virus (HIV) and Hepatitis C Virus.

- BLOOD. Human blood, human blood components, and products made from human blood.

- BLOODBORNE PATHOGENS. 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 Immuno-Deficiency Virus (HIV).

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

- CONTAMINATION. The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

- DECONTAMINATION. The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item rendered safe for handling, use, or disposal.

- ENGINEERING CONTROLS. Controls that isolate or remove the pathogens hazard from the workplace, (e.g. sharps disposal containers, safe medical devices, such as sharps with engineered injury protections and needleless systems).

- EXPOSURE CONTROLS. Each employer having employees with occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

- 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 the performance of an employee's duties.

- HANDWASHING FACILITIES. A facility providing an adequate supply or running potable water, soap and single use towels or hot air drying machines.

- NEEDLELESS SYSTEMS. A device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving potential exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

- OCCUPATIONAL EXPOSURE. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

- OPIM (OTHER POTENTIALLY INFECTIOUS MATERIAL). Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, or any other body fluid that is visibly contaminated with blood; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV, HBV or HCV containing culture medium or other solutions.

- OSHA (OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION).

- OSHA REGULATED WASTE (ALSO REFERRED TO AS BIOWASTE OR REGULATED MEDICAL WASTE). Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- OTHER POTENTIALLY INFECTIOUS MATERIALS. Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV or HBV containing culture medium or other solutions.

- PERENTERAL. The piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

- PERSONAL PROTECTIVE EQUIPMENT (PPE). Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. scrub suits, uniforms, pants, shirts) not intended to function as protection against a hazard are not considered to be Personal Protective Equipment.

- SHARPS WITH ENGINEERED SHARPS INJURY PROTECTION. 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.

- SOURCE INDIVIDUAL. Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee (e.g. hospital and clinic patients).

- STANDARD PRECAUTIONS. Formerly called Universal Precautions. Designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital. An approach to infection control whose concept is that precautions should be used for contact with 1) blood, all body fluids, secretions and excretions, regardless of whether or not they contain visible blood, 2) mucous membranes, and 3) non-intact skin. All body substances are to be treated as if known to be infections for bloodborne pathogens and any other microorganisms.

- WORK PRACTICE CONTOLS. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping needles).

VII. REQUIREMENTS

A. Approach

This plan intends to align with OSHA standards and includes: exposure determination, methods of compliance, Hepatitis B vaccination and post-exposure follow-up, recordkeeping, the procedures for evaluating exposure incidents and safer engineered devices from potentially exposed faculty or staff.

This plan will be reviewed and updated at least annually. A copy of the OSHA Bloodborne Pathogens Standard will be maintained with this Exposure Control Plan.

B. Exposure Determination

Occupational exposure is defined as “reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of faculty/staff duties”.

The determination of faculty and staff with occupational exposure to bloodborne pathogens shall be made without regard to the use of personal protective equipment. (REFER TO Appendix A: Hazard Assessment by Job Position)

C. Methods of Compliance

Standard Precautions

"Standard Precautions" will be used in all settings where human blood, body fluids, secretions, excretions or other potentially infectious material may be encountered. Standard Precautions apply to all direct and indirect contact with blood all body fluids, secretions and excretions, tissues, cells and non-intact skin, and mucous membranes.

1. Engineering Controls

Engineering controls shall be used to eliminate or minimize employee exposure. Engineering controls are designed to isolate or remove the pathogenic hazard from the workplace, (e.g. sharps disposal containers and safer medical devices).

Safer engineered sharps are defined as non-needle sharps or needle devices with built-in safety features. Safer engineered sharps devices may include resheathing or retractable needles, retractable scalpels, needleless systems, or blunt suture needles.

- Needleless systems are devices that do not use needles:
  - for the collection of body fluids
  - for withdrawal of body fluids after initial venous or arterial access is established
  - for administration of medication or fluids
  - for any other procedure involving potential exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps

Safer-Engineered Devices

A Safer Device Work Group will review the changes in technology that will eliminate or reduce exposure to bloodborne pathogens. Identification of potential new devices, evaluation in clinical settings and annual review of non-safety devices will be documented and maintained.

Input from employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps will be solicited to aid in the identification, evaluation and selection of effective engineering and work practice controls and documenting the solicitation in the Exposure Control Plan (**REFER TO** Appendix E**)**

2. Work Practices

Work practices shall be used to eliminate or minimize employee exposure. Work practices reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles). Work practices shall be evaluated regularly to ensure their effectiveness.

- *Sharps Practices*
  After use, disposal sharps, needles with syringes, etc. are to be placed in the closet available sharps disposal container.

- *Contaminated Sharps*
  To prevent needlestick injuries, needles are not to be recapped, purposely bent or broken, removed from disposable syringes, or otherwise manipulated by hand. Resheathing instruments, self-sheathing needles, or forceps shall be used to prevent recapping of needles by hand.

- *Reusable Sharps*
  Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into containers where sharps have been placed. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would create exposure to the risk of percutaneous injury. Reusable sharps shall be placed in the designated transport containers. Hemostats or tongs shall be used to remove sharp items (e.g. dirty instrument trays).

- *Resuscitation Procedures*
  Pulmonary resuscitation equipment, (e.g. resuscitation bags, mouthpieces, or other ventilation devices) should be available for use in areas in which the need for resuscitation is anticipated. Emergency mouth-to-mouth resuscitation should be avoided whenever possible.

- *Hand Hygiene*
  Handwashing facilities shall be conveniently located in all areas throughout the facility in which there is potential exposure to pathogens in the workplace. In the absence of handwashing facilities, waterless antimicrobial agents shall be readily available. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Hands and any other exposed skin should be washed with soap and water. Mucous membranes should be flushed with water immediately or as soon as feasible following exposure to blood or other potentially infectious material.

  When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.

  If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands or non-medicated soap.

- *Food and Drink, Smoking, Cosmetics, Lip Balm, Contact Lenses*
  Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where blood and other potentially infectious materials are handled, processed or stored. Food and

drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops in work areas where blood and other potentially infectious materials are present, handled, processed or stored. No blood or other potentially infectious materials or contaminated equipment shall be taken into break areas or rooms.

- *Specimen Handling, Processing, Storage, Transport and Shipping*
  All procedures involving blood and other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets. Mouth pipetting or suctioning of blood and other potentially infectious materials is prohibited. Specimens of blood and other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. Individual specimens are to be placed in Biohazard labeled primary container for transport.

  - *Transport of Specimens Within WFUHS*
    All specimen containers will be considered potentially contaminated. Standard precautions will be used when handling, processing, storing or transporting specimens.

    All primary containers will be placed in a secondary container labeled "biohazard".

    Secondary containers used for transporting will be cleaned and decontaminated on a routine basis with a hospital-grade germicide.

  - *Transport of Specimens Outside WFUHS*
    All specimens (blood and other potentially infectious materials) and transport/shipping containers leaving the WFUHS shall be packages as defined in the Medical Center Policy. (REFER TO Shipping and Receiving of Biomedical Materials)

    WFUHS Shippers must complete the WFUHS Shipping Checklist prior to shipping samples, etc. via US mail or any premier shipper.

  - *Transport of Specimens Within WFUHS, WFUBMC or Across Campuses*
    All specimens shall be transported within a container that has been labeled with a biohazard symbol. (REFER TO SOP for the Transport of Biological Samples)

- *Refrigerators or Freezers*
  Refrigerators or freezers containing blood or other potentially infectious material (excluding blood products labeled s to their contents and suitable for transfusion) will be identified with a Biohazard label.

- *Equipment Servicing or Shipping*
  Equipment that may be contaminated with blood or other potentially

infectious materials shall be examined prior to servicing or shipping and shall be decontaminated to the extent necessary and/or feasible. A label shall be attached to equipment stating which portions of the equipment are contaminated and identified with a Biohazard label. Information relating to the contamination status of equipment shall be made known to Engineering personnel, service representatives, and/or manufactures so that appropriate precautions may be taken when working on the equipment.

3. Personal Protective Equipment (PPE)

- *General*
  PPE is defined as specialized clothing or equipment worn by faculty/staff for protection against a hazard.

- *Cost*
  Faculty and staff will be provided (at no cost) appropriate protective equipment such as gloves, gowns, face shields, masks, etc.

- *Work Clothing*
  PPE will be considered appropriate only if it does not permit blood or body fluids to pass through to or reach the work clothes, street clothes, undergarments, skin, eye, mouth or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

- *Selection*
  PPE for all personnel will be selected based on the ability to protect against exposure to blood and other potentially infective material.
  Employees shall use appropriate PPE for all anticipated occupational exposures**. (REFER TO** Appendix B: PPE for Patient Contact Activities**)**

- *Failure to Wear PPE*
  Situations in which an employee fails to wear PPE will be investigated by the individual's department head and/or supervisor.

  The department head/supervisor shall investigate when faculty and employees fail to PPE in his/her professional judgment because the use of such equipment would have prevented the delivery of health care services or would pose an increased hazard to the safety of the worker or co-worker.

- *Contaminated Clothing*
  If PPE is penetrated by blood or other potentially infectious material, the equipment shall be removed immediately or as soon as feasible. If the clothing is soiled with blood or body fluids, it will be laundered by the NCBH laundry.

  The procedure for contaminated clothing is outlined in Appendix C: Cleaning of Contaminated Personal Uniforms or Clothing.

All personal protective equipment shall be removed prior to leaving the work area. When it is removed, it shall be placed in an appropriately designated area for storage or in designated containers for laundering or disposal. Disposal items shall be discarded into white biohazard labeled bags. Hands shall be washed after removal of personal protective equipments.

- *Accessibility*
  Appropriate personal protective equipment shall be kept in all areas where occupational exposure may occur. Appropriate sizes and types of protective equipment shall be readily accessible. Hypoallergenic gloves, powderless gloves, or similar alternatives shall be available for employees who are allergic to gloves normally provided.

- *Cleaning, laundering, disposal, repair and replacement*
  WFUHS shall clean, launder, and dispose of personal protective equipment. WFUHS shall also repair or replace personal protective equipment as necessary.

- *Gloves*
  Gloves shall be worn when it can be reasonably anticipated that there will be contact with blood and other potentially infectious materials.
  Gloves must be worn if an individual has cuts, abraded skin, lesions, chapped hands, dermatitis even in situations where exposure is not anticipated.

  Gloves shall be changed after each patient contact and hands washed each time gloves are removed. Disposable, single use gloves shall be replaced as soon as practical when they are contaminated, torn or punctured. Disposable, single use gloves shall not be washed or decontaminated for re-use.

- *Utility gloves*
  Utility gloves may be decontaminated according to the manufacturer's directions for re-use if the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.

- *Face Protection*
  Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure to the mucous membranes of mouth, nose, and eyes.

- *Gowns and Protective Body Clothing*
  Gowns which are resistant to blood and other potentially infectious material shall be worn in situations in which exposure can be reasonably anticipated. Surgical caps or hoods and/or shoe covers shall be worn in instances where gross contamination can be reasonably anticipated (e.g. orthopedic surgery). Gowns and protective body clothing shall be changed as soon as feasible after contamination with blood or other potentially infectious

material. Re-useable barrier gowns shall be discarded into the designated linen chute bags. Disposable gowns shall be discarded into white biohazard labeled bag. Hands should be washed after removal of gowns and other protective body clothing.

D. HIV, HBV, HCV Research Laboratories and Production Facilities

In addition to the above requirements of this plan, special precautions will be taken in research facilities engaged in the culture, production, concentration, experimentation and manipulation of HIV, HBV, and HCV. These precautions are described in Appendix D: Research Involving HIV, HBV, and HCV.

E. Housekeeping

Each work site will be maintained in a clean and sanitary manner. The schedules and methods for cleaning and decontamination are based on the location within the facility, type of surface to be cleaned, type of soil present, and the task or procedures being performed in the area.

All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. An Environmental Protection Agency (EPS) – registered hospital grade disinfectant with a tuberculocidal label claim should be used. An alternative solution is a 1:10 bleach (5.25%) solution. small spills are cleaned by wiping up the spill, then cleaning the area with the disinfectant. Large spills should first be contained with Isolyzer. The spill should then be cleaned with an acceptable disinfectant, and then the area re-cleaned with the disinfectant.

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

All bins, pails, cans, and similar receptacles intended for reuse shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glass shall always be handled by mechanical means, such as tongs, forceps, or a dustpan and brush. Broken uncontaminated glass must be disposed of in a glass box or corrugated cardboard box sharps container. Contaminated glass shall be disposed of in a sharps container.

F. Biowaste (OSHA Regulated Waste)

Biowaste (OSHA Regulated Waste) will be appropriately identified with the universal Biohazard symbol.

Regulated Waste Containers

Biowaste will be placed in containers that are closable constructed to contain all contents and prevent leakage of fluids during handing, storage, transport, or shipping. Receptacles for waste will be lined with plastic bags that are impervious to moisture and have sufficient strength to preclude ripping, tearing or bursting the waste filled bag under normal conditions of usage and handling. Plastic bags will be closed prior to removal to prevent spillage or protrusion during handling, storage, transport or shipping. If the outside contamination of the regulated waste container occurs, it shall be placed in a second similar container. (Refer to WFUHS Biowaste Management Program.)

Contaminated Sharps Containment and Discarding

- Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
  - closable
  - puncture resistant
  - leak proof on sides and bottom
  - identified with a Biohazard symbol

- Contaminated sharps containers during use shall be:
  - easily accessible to personnel
  - located close to the immediate area where sharps are used
  - maintained upright and secured in a manner to prevent accidental tipping or spilling
  - replaced before reaching the maximum fill line

- When moving contains of contaminated sharps from the area of use, the containers shall be:
  - closed prior to removal or replacement
  - place in a secondary container if leakage is anticipated

- Contaminated Non-sharps Containment and Discarding
  OSHA regulated waste will be discarded directly into a biohazard labeled container or will be bagged at the point of use and taken directly to a Biohazard labeled receptacle.

G. Handling Reusable Sheets/Towels and Other Linens

Soiled linen shall be handled as little as possible. Soiled linen shall be bagged at the site of use and shall not be presorted or rinsed. All soiled lines will be considered contaminated and will be handled using Standard Precautions. Linen that is saturated

with blood or other potentially infectious material to the point of leaking is first placed in a clear biohazard bag and then a secondary bag (chute bag) for return to the NCBH laundry.

H. Biohazard Labeling

Biohazard labels shall be affixed by a method that prevents the loss or unintentional removal. Biohazard labels shall:

- be fluorescent orange or orange-red or predominately so with lettering or symbols in a contrasting color
- contain the Biohazard symbol or the word "Biohazard"

Biohazard labels shall be affixed to the following:

- containers of Biohazard waste
- refrigerators or freezers containing blood, other potentially infectious material
- containers used to store, transport or ship blood or other potentially infectious material
- contaminated equipment that is being serviced or shipped
- contaminated equipment should also have a label that indicates which portions of the equipment are contaminated

Individual containers of blood or other potentially infectious material that are placed in labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

I. Hepatitis B Vaccination

WFUHS will provide free of charge, Hepatitis B vaccine to all faculty/staff with occupational exposure. This program supports the Occupational Safety and Health Administration Rules and Regulations as outlined in the Federal Register, 29 CFR 1910.1030. All vaccinations provided are according to the current recommendations of the U.S. Public Health Services (USPHS). This program is fully documented in the Employee Health/Infection Control Policy (PPB-NCBH #139).

J. Post-Exposure Evaluation and Follow-Up Procedures

All job related incidents/illnesses involving potential exposure to BBP shall be reported to WFUBMC Employee Health Services in order to ensure accurate follow-up and treatment.

Specific treatment procedures for post-exposure incidents are outlined in the Employee Health/Infection Control Policy (PPB-NCBH #139).

K. Information and Training

All faculty, staff, students and volunteers with occupational exposure are required to participate in the WFUHS training programs for bloodborne pathogens. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

Annual training for all faculty and staff will be provided within one year of their previous training. Additional training shall take place upon modification or assignment of tasks that affect occupational exposure. Refresher (annual) training must cover topics listed below to the extent needed and must emphasize new information

L. Recordkeeping

Medical Records

An accurate record will be established and maintained for each employee with occupational exposure, in accordance with 29 CFR 1910.1030, including:

- the name and social security number of the employee
- a copy of the employee's Hepatitis B vaccination status, including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- a copy of all results of examinations, medical testing, and follow-up procedures
- a copy of the information provided to the healthcare professional

WFUHS shall ensure that employee medical records are confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. WFUHS shall maintain the medical record for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1030.

Sharps Injury Log – WFUBMC Employee Health

A sharps injury log shall be maintained to record injuries from contaminated sharps and contain at a minimum, the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, an explanation of how the incident occurred.

The information in the sharps injury log must be recorded and maintained in a manner that protects the privacy of the injured employee. If data from the log are made available to other parties, any information that directly identifies an employee or information that could reasonably be used to identify indirectly a specific employee must be withheld. The sharps injury log must be maintained for the period required by 29 CFR 1904.

OSHA 300 Log - WFUBMC Risk Management

Sharps injuries involving contaminated sharps shall be recorded on the OSHA 300 Log of Work related Injuries and the OSHA 301.

Training Records

Training records shall include the following information:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training; and the names and job titles of all persons attending the training sessions
- training records shall be maintained for 3 years from the date on which the training occurred.
- new employee orientation, department specific, and annual training attendance records, including contract personnel, shall be maintained by EH&S

Availability

All employee records shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1030.

If WFUHS ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director of OSHA, at least three months prior to record disposal. Records will be transferred to OSHA upon the recommendation of the Director (OSHA).

VIII. CONTACT INFORMATION

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IX. APPENDIX A: POSITIONS OCCUPATIONALLY EXPOSED TO HUMAN BLOOD OR BODY FLUIDS

X. APPENDIX B: PPE FOR PATIENT CONTACT ACTIVITIES

Barrier Precautions for Patient Contact Activities					
Patient contact	Hand washing	Gloves	Apron/ Gown	Mask	Protective Eyewear
Talking to patient					
Adjusting IV fluid rate or non-invasive equipment	X				
Bathing patient with no open lesions	X				
Examining patients: NO contact with blood, body fluids, or mucous membranes	X				
Monitoring vital signs	X				
Rectal Temperatures	X	X			
Handling of specimens	X				
If outside of container is soiled	X	X			
Examining patient: contact with blood, body fluids or mucous membranes	X	X			
Initiating IV fluids or heparin locks	X	X			
Drawing blood	X	X			
Changing dressings	X	X	See Note 1 Below		
Suctioning	X	X	See Note 1 Below		
Insertion of catheters: Foley, NG tube, etc.	X	X	See Note 1 Below		
Handling of soiled waste, linen, and other materials	X	X	See Note 2 Below		
Insertion of arterial lines or temporary pacemakers	X	X	X	X	If splattering is likely
Intubation	X	X	X	X	X
Endoscopy	X	X	X	X	X
Operative and non-operative procedures producing bleeding or drainage of body fluids.	X	X	X	X	X

1. Use gown, mask, and protective eyewear if blood or bloody body fluid spattering is likely.
2. Use gown, mask, and protective eyewear only if there is extensive contamination of patient materials (e.g. linen) or spattering is likely.

XI. APPENDIX C: CLEANING OF CONTAMINATED UNIFORMS OR CLOTHING

CLEANING OF CONTAMINATED PERSONAL UNIFORMS OR CLOTHING

I. Policy

Personal clothing or uniforms contaminated with blood or body fluids will be changed as soon as practical. Disposable (replacement) scrubs will be provided by the hospital and contaminated items will be laundered by the hospital laundry service in accordance with the procedure outlined below. **OSHA does not allow employees to launder their own clothing if they have been contaminated by someone else's blood or body fluids.**

II. Purpose

To prevent or minimize employee exposure to bloodborne pathogens by providing replacement clothing and laundry services in instances where personal clothing or uniforms have been contaminated with blood or body fluids.

III. Procedure

A. **Employees who are classified as "at risk" for blood or body fluid exposure should wear wash-and-wear type clothing and washable shoes while engaged in their job duties.** If "at risk" staff choose to wear clothing or shoes that are NOT washable and, therefore, may be damaged or destroyed by the laundering/decontamination process, **they need to know that neither the hospital nor laundry can guarantee results and are not responsible for any damage that may result from the decontamination process.**

NOTE: The decontamination process removes the blood or body fluids; it does **NOT** render the garment ready to wear. Additional washings, dry cleaning and/or ironing may be necessary before wearing and is the responsibility of the employee.

1. All "at risk" employees should be fully trained on how and when to use personal protective equipment. As appropriate, face shield, barrier gown, impervious shoe covers, gloves, etc. should be worn when there is reasonable risk of personal clothing contamination by splash, etc. of blood or other body fluids.

2. When an employee's personal clothing or uniform is contaminated with blood or body fluids, the following steps should be followed:

a. The employee should report the incident to their immediate supervisor ASAP.

b. Every clinical area should have a designated, secured area for replacement scrub packs that are accessible 24 hours/7 days a week. This location is noted on the PPE checklist on each PPE cart or supply closet. The employee who has had his/her clothing contaminated with blood or body fluids will obtain a "Replacement scrub pack" from the area or unit charge person. The replacement scrub pack contains:

   1. a set of scrubs
   2. a clear biohazard bag
   3. a pair of exam gloves to remove contaminated clothing
   4. a cable tie to close bag
   5. a copy of the procedure telling exposed staff what to do
   6. a contaminated clothing form to be completed and brought with bag of clothes to laundry.

   NOTE: Contaminated clothing forms **must be copied** since the incident **#** in the bottom right corner is used to track your clothing.

   NOTE: Each clinical area/unit should keep one of each of the most commonly used replacement scrub sizes (medium, large and extra large) in a locked area. If the exposed individual needs a larger size, they will have to go to the Laundry to pick them up (2X through 6X available).

c. If there has been blood or body fluid contact with the skin, the employee should take a shower or otherwise thoroughly wash and rinse the affected area using soap and running water.

d. After washing, the employee should change into the disposable scrubs.

e. The exposed employee should place his/her contaminated clothing into the clear, biohazard bag, and seal it with the cable tie.

f. The exposed employee completes the section of the form at the top starting with "Date:" through "Description of clothing and/or Shoes".

g. The employee takes the bag of personal clothing and the completed contaminated clothing form to the hospital Laundry office.

h. During the hours of 7AM to 4PM Monday through Friday (excluding holidays), the Laundry supervisor should sign the contaminated clothing form, enter the date and time of receipt, and have the employee sign the Laundry log form.

i. During off-hours, weekends and holidays, any Laundry staff may check in contaminated clothing, sign the form, and have the employee sign the Laundry Log. If there are no Laundry staff present when employee takes their contaminated clothing to the Laundry, the employee should place their bagged clothing at the Production Office door. Employee should note (under the Supervisor signature line) that no one was present to accept the clothes. On the contaminated clothing form, fill in the date and time clothing was left, sign in appropriate space, remove the green originator's copy, (Retain it for clothing pick-up), and leave the rest of the form in the box on the Production Office door. Finally, complete required information on the Laundry Log sheet (also in the Production Office door box).

j. The employee should then take their copy of the contaminated clothing form to his/her immediate supervisor so that the section labeled "Action Taken by the Employee's Supervisor" can be completed.

3. The employee takes the green copy of the contaminated clothing form and picks up their clothing in the Hospital Laundry 4-5 days after the date it was taken to the laundry. **Personal clothing that has not been retrieved after 30 days from the receipt in laundry will be discarded.**

   The Laundry's responsibility is to wash the contaminated clothing and/or washable shoes with cold water, removing as much of the contaminated material as possible.

   a. If the articles are washable, the Laundry will wash, dry, press and fold the garment(s) and hold them for up to 30 days for owner pick-up.

   b. If the article(s) is "Dry Clean Only", the Laundry will wash, extract, and bag the wet garment for the employee pick-up.

   c. Any additional expenses incurred by the employee for commercial laundering, commercial dry cleaning, and/or the cost of replacement will be charged back to the employee's home department/section if said expense was the result of a blood or body fluid exposure.

4. As applicable, the laundry supervisor will complete the Laundry's section of the **"INCIDENT OF CONTAMINATED PERSONAL CLOTHING"** form. The original copy will be sent to the applicable manager/supervisor and the remaining copy to Risk Management.

B. The "**INCIDENT OF CONTAMINATED PERSONAL CLOTHING**" form follows as Exhibit A.

EXHIBIT "A"

WAKE FOREST UNIVERSITY HEALTH SCIENCES
INCIDENT OF CONTAMINATED PERSONAL CLOTHING

Date: _____ Employee's Name: _____ Shift: _____

Department Name: _____ Dept. #/Acct.#: _____

Immediate Supervisor: _____ Phone Ext./Beeper: _____

"I, THE UNDERSIGNED EMPLOYEE, UNDERSTAND IF MY CLOTHES ARE NOT PICKED UP WITHIN 30 DAYS OF THE RECEIVED DATE BELOW, THEY WILL BE DISCARDED."

Employee Printed Name & Signature _____ /_____

Brief Description of Incident:

Was Gown/PE indicated? Yes _____ No _____ Was Gown/PPE Used? Yes _____ No _____

Description of Clothing and/or Shoes:

Received By: _____ Date: _____ Time: _____ _____
Signature of Laundry Employee…… ……or Employee Signature

EMPLOYEE REMINDER: You must bring your copy of this form with you to pick up your clothes.

Clothing Status:

Washed	Extracted	Dried	Bagged Damp	Ironed	Folded	Picked Up/Date	Discarded/Date

Action Taken by the Employee's Supervisor:

Feed Back:

Comments:

Incident No.

XII. APPENDIX D: RESEARCH INVOLVING HIV, HBV, HCV

This section applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other components of this plan.

Biosafety level 3 facilities and practices will be used by research faculty, staff, students and volunteers involved with production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

Volunteer Training Requirements

Faculty and staff in HIV or HBV research laboratories and HIV or HBV production facilities shall receive additional training following initial training.

WFUHS shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

WFUHS shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

WFUHS shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

XIII. Appendix E: WFUHS Safer Devices

WFUHS APPROVED SAFER DEVICES
• Blood Collection Set, Saf-T E
• Blood Collection Set, Sfty Lok
• Cath, instant autoguard Str Blu 22gx1" (50/b
• Cath, instant autoguard Str Grn 18gx1.16" (5
• Cath, instant autoguard Str Org 14gx1.75" (5
• Cath, instant autoguard Str Pnk 20gx1" (50/b
• Cath, instant autoguard Str Pnk 20gx1.16" (5
• Cath, instant autoguard Str Ylw 24gx.75" (50
• Catheter, Angio Auto Tef 18gx1
• Catheter, Angio Auto Tef 20gx1
• Catheter, Angio Auto Tef 22gx1
• Catheter, Angio Auto Tef 24gx3
• Catheter, E-Z Set 25gx1/2"(50/
• Collection Set, Bld Safety Luer Lock
• Collection Set, Bld Safety Luer Lock
• Collection Set, Bld Safety Luer Lock
• Collection Set, Bld Sfty Push Button Retraction
• Collection Set, Bld Sfty Push Button Retraction
• Collection Set, Bld Sfty Push Button Retraction
• Needle, Eclipse Bld Coll 21gx1

WFUHS APPROVED SAFER DEVICES
• Needle, Eclipse Bld Coll 22gx1
• Needle, Eclipse Hypo Safety 25
• Needle, Eclipse Safety 30gx1/2
• Needle, Hypo Eclipse 18gx1 1/2
• Needle, Safetyglide 21gx1 1/2"
• Needle, Safetyglide 25gx1" (50
• Needle, Safetyglide Im 21gx1"
• Needle, Safetyglide Im 22gx1 1
• Needle, Safetyglide Im 23gx1"
• Needle, Safetyglide Im 25gx5/8
• Syringe, Integra 3ml 22gx1 1/2
• Syringe, Integra 3ml 23gx1" (1
• Syringe, Safetyglide 3cc 22gx1
• Syringe, Safetyglide 3cc 23gx1
• Syringe, Safetyglide 3cc 25gx5
• Syringe, Safety-Lok 1cc 27gx1/
• Syringe, Safety-Lok 22gx1 1/2(
• Syringe, Safety-Lok 3cc 22gx1(
• Syringe, Safety-Lok 3cc 23gx1(
• Syringe, Safety-Lok Ll 10cc (5
• Syringe, Safetylok Tb 1cc 25gx
• Syringe/needle, Eclipse 3cc 23gx1
• Syringe/ needle, Eclipse 3cc 25gx5
• Syringe/ needle, Safetyglide 1cc 2
• Syringe/ needle, Safetyglide Insul
• Syringe/ needle, Safetyglide Tb 1
• Syringe/ needle, Safety-Lok 3cc 25