

NORTHERN KENTUCKY UNIVERSITY

POLICY LINK: **OCCUPATIONAL SAFETY POLICY**

ISSUE DATE: **11/02/2018**

REVISED DATE: **1/27/2023**

TITLE: **OCCUPATIONAL EXPOSURE PLAN/BLOODBORNE PATHOGENS PROCEDURE**

OBJECTIVE AND PURPOSE

Since 1972, the mission of the Kentucky OSH Program has been to prevent any detriment to the safety and health of all public and private sector employees arising out of exposure to harmful conditions or practices at places of work. This includes the Bloodborne Pathogens Standard outlined in 803KAR 2:320. Northern Kentucky University is committed to complying with this standard and accordingly provides the following Exposure Control Plan for Bloodborne Pathogens.

The purpose of this plan is to ensure compliance with Federal and State regulations pertaining to occupational exposure and bloodborne pathogens in order to minimize or eliminate any risk of exposure for faculty, staff, students, and visitors of Northern Kentucky University. This procedure is administered under the authority of University Occupational Safety Policy and the University Chemical Safety Policy.

DEFINITIONS

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 immunodeficiency virus (HIV).

Clinical Laboratory-a workplace where diagnostic or other screening procedures are performed on blood or other potential infectious materials.

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

Contaminated Laundry-laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

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 is rendered safe for handling, use, or disposal.

Engineering Controls-controls (e.g., sharp disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident-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.

Handwashing Facilities-a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional-a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B vaccination and Post-exposure Evaluation and Follow-Up.

HBV-hepatitis B virus.

HIV-human immunodeficiency virus.

Needleless Systems-a device that does not use needles for: (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (B) the administration of medication or fluids; or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure-reasonable 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.

Other Potentially Infectious Materials

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 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.

Parenteral-piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment-specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated 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.

Sharps-any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Source Individual-any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents or hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize-the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions-an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls-controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

RULES AND PROCEDURES

Exposure Determination

Northern Kentucky University has classified its employees into two main categories based on the potential for exposure to bloodborne pathogens. Activities associated with compliance to the Bloodborne Pathogen Standard will be based upon exposure potentials described under the following categories:

Category 1

Employees who, through the course of their delegated work activities, are reasonably expected to come into contact with blood or other potentially infectious materials (OPIM)

Category 2

Employees who may periodically or infrequently come into contact with blood or OPIM during the performance of their delegated work activities.

The following employee work classifications that were determined to meet the given criteria are listed below:

Category 1

- Physicians, nurses, and other medical staff of the University's Health, Counseling, and Prevention Services who provide medical treatment to University students
- First Aid Responders (Campus Police) who respond to emergency calls for assistance
- Coaches and Athletic trainers with the Department of Athletics and specifically designated personnel with Recreational Sports who respond to injuries occurring during recreational or athletic events
- Custodial and Housekeeping personnel who clean areas contaminated with blood and/or OPIM as a part of their delegated work activities
- Operations and Maintenance workers who clean areas contaminated with blood or OPIM as a part of their delegated work activities
- Faculty, staff, or employees working in labs with potential for contact with blood or OPIM during research or class activities
- College of Health Professions faculty and staff working with blood or OPIM
- Child care staff
- Campus Recreation Center facility staff and lifeguards.

Category 2

All other University departments/areas including:

- Dining Services personnel
- Resident Advisors, Hall Directors, and other staff of University Housing and Residential Programs who would respond to injuries occurring within University residential buildings
- Maintenance staff who rarely come into contact with blood and/or OPIM as part of their job duties
- Office workers, graduate students, and any other University employee who respond as Good Samaritans to assist individuals who are injured
- NKU Faculty

Each department/area identified in Category 1 is responsible for categorizing specific employees under their jurisdiction in conjunction with Standard Operating Procedures developed as indicated above.

Pre-exposure Vaccination

All University employees considered at high risk for exposure (Category 1) shall be offered Hepatitis B vaccine on a pre-exposure basis. Such vaccinations shall be provided at no cost to the employee and within ten working days of initial assignment unless the employee has been previously vaccinated, found to be immune or the vaccine is contraindicated. The employee will sign the vaccination form during new hire procedures/training and make arrangements through the Human Resources department. Procedures for the administration of the vaccine shall be determined by the Human Resources department and be incorporated into any department/area SOP. Such vaccines can be obtained at the Health, Counseling and Prevention Services Office on campus or through the selected off campus healthcare site by department. New hire candidates within the NKU Police Department will be offered the Hepatitis B Vaccine during their required medical examination prior to hire.

Departments/areas not at high risk for exposure (Category 2) may provide pre-exposure vaccinations to their employee(s) if desired. Arrangements for the administration of the vaccine shall be the responsibility of the applicable department/area. The vaccinations, if mandated by the department/area shall be of no cost to the employee.

Should any Category 1 employee decline the pre-exposure vaccine, he/she will be provided with a waiver of vaccination. This waiver shall be signed by the employee refusing the vaccine ([Hepatitis B Vaccination Form](#)). The waiver shall be kept in the employee's personnel file and another copy of the signed waiver shall be given to the employee.

An employee who has declined vaccination may reconsider this decision and choose to be vaccinated. To initiate the vaccination process, the employee will contact the Human Resources department to sign the vaccination form. Such vaccines can be obtained at the Health, Counseling and Prevention Services Office on campus or through the selected off campus healthcare site by department.

All records of pre-exposure vaccinations, acceptance/waivers of vaccination, etc. shall be maintained by the Human Resources department.

Methods of Control

Universal precautions will be observed at Northern Kentucky University in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be utilized. Engineering controls such as the use of sharps containers and the proper handling of reusable sharps will be utilized.

The above controls will be examined and maintained on a schedule determined by each department/area. A schedule for reviewing the effectiveness of the controls will be made by an individual or individuals selected by the department/area.

Handwashing facilities are considered workplace controls and are available to the employees to insure exposure to blood or other potentially infectious materials is minimized. OSHA requires that these facilities be readily accessible after incurring exposure. Handwashing facilities are located within building restrooms and other specific locations identified by the department/area. Handwashing procedures shall be described in the department/area SOP.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate or as soon as possible following contact. Procedures for reporting exposure incidents will be provided in an upcoming section.

Needles/Needless Systems

Contaminated needles and other contaminated sharps from University departments/areas will not be bent, recapped, removed, sheared or purposely broken. All contaminated needles/sharps will be placed in approved sharps containers provided by the department/area. Procedures for the disposal of sharps containers will follow NKU's Infectious Waste Management Program.

Whenever possible, the use of needleless systems will be utilized in place of syringe/needle units. The use of needleless systems is preferred in all applicable situations and will be encouraged by pertinent University departments/areas to minimize inadvertent puncture injuries.

Containers for Reusable Sharps

Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled or color-coded in accordance with this standard; 1910.1030(d)(2)(viii)(C) with a biohazard label, and be leakproof on the sides and bottom and In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps. Sharps containers will be placed in locations identified by the department/area.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed to accomplish this goal will be specified by appropriate departments/areas within their Standard Operating Procedures.

Specimens

Departments/areas using specimens of blood or other potentially infectious materials will place them in containers which prevent leakage during the collection, handling, processing, storage, and transport of the specimens.

Any container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Contaminated equipment that cannot be adequately decontaminated shall be disposed of in accordance with NKU's Infectious Waste Management Program.

Personal Protective Equipment

All personal protective equipment used at Northern Kentucky University will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Protective clothing will be provided to employees in conjunction with NKU's Personal Protective Equipment Policy and Standard Operating Procedures developed by applicable departments/areas.

All personal protective equipment will be properly managed by the employer at no cost to employees. All repairs and replacement will be made by the employer at no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as possible. All personal protective equipment will be removed prior to leaving the work area. All personal protective equipment removed will be placed in a room location designated by the applicable department/area.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, or if non-intact skin is present. Gloves will be available from the appropriate department/area in conjunction with their designated Standard Operating Procedures.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Lab coats, gowns, aprons, clinic jackets, or similar outer garments will be worn if so designated by the applicable department/area.

Departments/areas will be cleaned and decontaminated according to a schedule specified by the applicable department/area.

Decontamination of surfaces will be accomplished by utilizing any of the following materials: a 1:10 mixture of bleach and water freshly prepared as needed; other EPA registered germicides.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as possible after any spill of blood or other potentially infectious material, as well as the end of the work shift if the surface had become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated according to Standard Operating Procedures developed by the departments/area.

Any broken glassware should not be picked up directly by hand. Employees should use appropriate equipment (i.e. broom and dust pan) for removal. Broken glass shall be placed in acceptable containers to minimize the potential for injuring individuals responsible for waste disposal.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasibly possible in sharps containers placed in locations designated by the department/area.

Regulated waste other than sharps shall be placed in appropriate containers provided in locations specified by the departments/area. All regulated waste will be handled according to NKU's Infectious Waste Management Procedures.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. If at all possible, such laundry will be removed and maintained in the area where the

contamination occurred. Appropriately marked bags will be used for storage of the laundry until removed for further handling. Contaminated laundry will not be sorted or rinsed in the area of use.

Management of contaminated personal clothing will be the responsibility of the department/area in conjunction with established SOPs or instruction from Safety and Emergency Management.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Procedures Following an Exposure

Following an unprotected exposure, the individual exposed shall immediately inform his/her supervisor and seek medical attention. The employee who is exposed needs to report to Human Resources (859-572-6063) as soon as possible (preferably within 24 hours).

The exposed individual will be contacted by the University which will provide follow-up information and explain the post-exposure procedures. The individual will be instructed to discuss post-exposure medical options with his/her physician or other medical personnel. Medical evaluations following a potential exposure incident must be performed by a physician within 24 hours of the incident. Prior to the physician evaluation, the University, if possible, will provide a standardized evaluation form to the exposed employee that is to be completed by the physician ([Bloodborne Pathogen Exposure Evaluation Form](#)). The individual exposed may elect to decline a post-exposure medical evaluation. If so, the individual shall complete a medical evaluation declination form ([Medical Evaluation Declination Form](#)).

Post-Exposure Evaluation and Follow-Up

All employees who experience an exposure incident, must contact their direct supervisor and the Human Resources department, and be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

The follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained by the physician performing the medical evaluation) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The exposed employee will be offered the option of having his/her blood collected for testing of the HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential symptoms might occur and will be instructed to report any related experiences to appropriate personnel.

The University will offer the exposed employee a post-exposure vaccination, if necessary, at no cost to the employee. The employee has the right to refuse this vaccination. Such vaccines can be obtained at the Health, Counseling and Prevention Services Office on campus or through the selected off campus healthcare site by department.

Should the employee decline the post-exposure vaccine, he/she will be provided with a waiver of vaccination. This waiver shall be signed by the employee refusing the vaccine ([Post Exposure Hepatitis B Vaccination](#)). The waiver shall be kept in the employee's personnel file and another copy of the signed waiver shall be given to the employee.

Interaction with Health Care Professionals

A written opinion shall be provided to the exposed employee and Human Resources by the health care professional who evaluated the employee following a post-exposure evaluation. Written opinions will be obtained in the following instances:

- Whenever the employee is sent to a health care professional following a potential exposure incident
- When the employee is sent to obtain the Hepatitis B vaccine.

The health care professional shall complete an evaluation form provided by the University following an assessment of the exposed employee. Copies of the signed form shall be provided to the employee and to the Department of Human Resources.

Training

Training for all employees will be conducted at the time of initial assignment to tasks where occupational exposure may occur. NKU employees will be trained at least annually in the following areas:

1. The OSHA standard for Bloodborne Pathogens
2. The causes and symptoms of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. NKU's Occupational Exposure Control Plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials
7. Personal protective equipment available and who should be contacted to obtain them
8. Post exposure evaluation and follow-up
9. Signs and labels used
10. Hepatitis B vaccine program

All outlines used in bloodborne pathogen training for employees will be maintained Safety and Emergency Management. Training materials utilized by individual departments/areas shall be kept according to the department/area SOP.

Recordkeeping

All records required by the OSHA standard will be maintained by the Human Resources department. Pertinent Standard Operating Procedures and training records will be maintained by each applicable department/area. All records shall be kept for each individual having occupational exposure for a period of 30 years following the employment of the employee. Training records shall be maintained for a period of three years from the date of the training.

Any percutaneous injuries from contaminated sharps must be reported to appropriate University personnel using the online [Incident Report Form](#). The information will be distributed to appropriate University personnel, recorded, and maintained in such manner as to protect the confidentiality of the injured employee. The report should include the following information:

- the type and brand of device involved in the incident,
- the department or work area where the exposure incident occurred, and
- an explanation of how the incident occurred.

Standard Operating Procedures

Each department/area identified in Category I (exposure determination) shall develop specific standard operating procedures for exposures to bloodborne pathogens. Other departments/areas having a potential for exposure to blood or other body fluids are encouraged to develop SOPs of their own to assist in minimizing problems should a potential exposure incident occur.

It is encouraged that the Standard Operating Procedures developed should follow the structure of the University's Occupational Exposure/Bloodborne Pathogen Plan. Specific department/area information should be incorporated under the headings outlined in the University's Plan. Nonapplicable topics should be designated as such under the appropriate headings (i.e. "Laundry Procedures").

Assistance for the development of department/area Standard Operating Procedures can be obtained from Safety and Emergency Management.

As stated above, all SOPs are to be kept in the appropriate department/area.

RESPONSIBILITIES

Safety and Emergency Management

Safety and Emergency Management is responsible for procedure development, review, and compliance with all applicable federal and state regulations. Safety and Emergency Management will coordinate training as needed. Safety and Emergency Management staff are authorized to halt any unsafe work practice that is not in accordance with this or any other NKU safety policy or procedure.

Chairs/Directors

It is the responsibility of the chair/director to comply with applicable environmental, health and safety laws and regulations, University policies and procedures, and accepted safe work practices.

Chairs/directors shall ensure that their employees receive required training prior to beginning work and annual/refresher training as needed. The chair/director is also responsible for maintaining their employee training records.

Chairs and Directors may delegate the details of program implementation to appropriate personnel within their authority. The ultimate responsibility, however, for ensuring implementation of these programs at the academic department/administrative unit level remains with the chairs/directors.

TRAINING

Departments shall ensure adequate training for each employee prior to performing work related to this procedure. Documentation shall be maintained for each employee. Additional information on training

and documentation requirements can be found in corresponding regulations. For additional assistance contact Safety and Emergency Management.

DOCUMENTATION

Copies of all documentation related to occupational exposure including; vaccinations, exposure incidents, and follow-up exposure documentation shall be maintained by Human Resources.

A record of training imparted to employees should be maintained by respective departments/units.

For additional information, forms, training, and other resources visit inside.nku.edu/safety.

Documentation of Updates and Changes:

Reporting/Log Procedures updated 8/24/2022

Additional employees identified as Category 1 updated 1/27/2023