Bloodborne Pathogens Policy

Approved: June 19, 2006
Reviewed and Modified: November 18, 2014
Reviewed: November 4, 2019
TABLE OF CONTENTS

I. INTRODUCTION ...................................................................................................... 1

II. GUIDELINES FOR A BLOODBORNE PATHOGENS POLICY ........................... 1

A. Purpose ........................................................................................................ 1
B. Scope ........................................................................................................... 1
C. Exposure Control Plan ................................................................................. 2
D. Methods of Compliance ............................................................................... 2
E. HIV and HBV Research Laboratories and Production Facilities ............... 2
F. Hepatitis B Vaccination ............................................................................... 3
G. Post-Exposure Evaluation and Follow-Up .................................................. 3
H. Hazard Communication ............................................................................... 3
I. Information and Training ............................................................................ 3
J. Recordkeeping ............................................................................................. 4

III. APPROVAL ............................................................................................................ 4
I. INTRODUCTION

Illinois Institute of Technology (“IIT”) requires all departments to review periodically academic, research and administrative operations to determine their regulatory status under the OSHA Bloodborne Pathogens Standard (the “Standard”) and their need to establish a specific bloodborne pathogens program in accordance therewith (a “Program”). The Standard is available at:


Departments already operating an existing Program should review their Program and all records and incidents relating to it and implement any necessary changes or updates. New research proposals and laboratory procedures should also be reviewed for compliance with the Standard.

Departments which find that their operations are covered by the Standard should use the guidelines set forth in Section II of this Policy to assist them in crafting and implementing their Programs. A covered department must also notify the Director of Environmental Health and Safety (the “Director”) and the Chair of the IIT Safety Policy Committee that the department will be formulating a Program and the timetable for its roll-out.

Prior to its implementation, a copy of the Program should be sent to the IIT Safety Policy Committee for review and approval. Following implementation, copies of all related paperwork, including incident and inspection reports and their resolutions, must be sent to the Director.

To protect the safety of student, faculty, and staff, departments that fail to comply with the Bloodborne Pathogens Policy will be subject to administrative penalties, up to and including the closure of laboratory facilities.

II. GUIDELINES FOR A BLOODBORNE PATHOGENS POLICY

A department establishing a Program must ensure that, at a minimum, its Program is consistent with and contains all of the following elements, which are required by the Standard:

A. Purpose
Its stated purpose should be to limit occupational exposure to blood and other potentially infectious materials as any exposure could result in the transmission of bloodborne pathogens and lead to disease or death.

B. Scope
The Program should cover all employees, faculty, researchers and students who could be “reasonably anticipated” as the result of performing their duties to come into contact with human blood or blood products and/or other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur. “Good Samaritan” acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure. Other potentially infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations
where it is difficult or impossible to differentiate between body fluids. They also include any (i) unfixed tissue or organ, other than intact skin, from a human (living or dead); (ii) human immunodeficiency virus (HIV) containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV) containing culture medium or other solutions; and (iii) blood, organs or other tissues from experimental animals infected with HIV or HBV.

C. Exposure Control Plan
The Program should identify (or provide for the written identification of) tasks and procedures as well as job classifications where occupational exposure to blood occurs - without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing provisions of the Standard and specify the procedures for evaluating circumstances surrounding exposure incidents. The Program must be readily accessible to employees and available to OSHA. The department must review and update its Program as often as necessary to accommodate workplace changes but in no event less than annually.

D. Methods of Compliance
In general, the Program should mandate the use of universal precautions (i.e., treating body fluids/materials as if infectious) and emphasize engineering and work practice controls. The Program should also address and incorporate certain particulars noted by the Standard, including (i) stressing handwashing and requiring that facilities be provided and that employees use them following exposure to blood; (ii) setting forth procedures to minimize needle sticks and the splashing and spraying of blood; (iii) calling for the appropriate packaging of specimens and regulated wastes; and (iv) requiring the decontamination of equipment or its labeling as contaminated before shipping to servicing facilities.

The Program should ensure that employees are provided, at no cost to them, and mandate the use of, appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces and resuscitation bags and that this equipment is cleaned, repaired and replaced as necessary.

In accordance with the Standard, the Program should provide for a written schedule for cleaning and, in addition to cleaning, identifying the method of decontamination to be used following contact with blood or other potentially infectious materials. It should also specify methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, it should include provisions for handling contaminated laundry to minimize exposures.

E. HIV and HBV Research Laboratories and Production Facilities
The Standard calls for facilities to follow standard microbiological practices and specifies additional practices intended to minimize exposures of employees working with concentrated viruses and to reduce the risk of accidental exposure for other employees at the facility. The Program should identify applicable practices. Further, a department's facilities must include required containment equipment and an autoclave for decontamination of regulated waste which must be constructed to limit risks and enable easy clean up. (Note, additional training and experience requirements apply to workers in these facilities.)
F. **Hepatitis B Vaccination**
Per the Standard, the Program must require that vaccinations be made available, at no cost, to all employees who have occupational exposure to blood within 10 working days of assignment. The vaccinations must be available at a reasonable time and place and administered under the supervision of licensed physician or a healthcare professional in accordance with the latest recommendations of the U.S. Public Health Service (USPHS). Pre-screening may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated, but they must be allowed to opt later to receive the vaccine at no cost. If booster doses are later recommended by the USPHS, employees must be offered them.

G. **Post-Exposure Evaluation and Follow-Up**
The Program must contain post-exposure evaluation procedures that should be made available to all employees who have had an exposure incident. Any laboratory tests required as part of these procedures must be conducted by an accredited laboratory at no cost to the employee. Follow-up must include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood, provided he or she consents, post- exposure prophylaxis, and counseling for and evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation and their written opinion should include whether a need exists for a hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

H. **Hazard Communication**
The Standard requires, therefore the Program should provide for, warning labels, including the orange or orange-red biohazard symbol affixed to containers of regulated waste as well as refrigerators, freezers and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. Blood which has been tested and found free of HIV or HBV and released for clinical use, and regulated waste which has been decontaminated, need not be labeled. Signs must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

I. **Information and Training**
The Program must mandate training initially upon job assignment and then annually. Employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include (i) making accessible a copy of the regulatory text of the Standard and explanation of its contents; (ii) a general discussion on bloodborne diseases and their transmission as well as the department's exposure control plan, engineering and work practice controls, and hepatitis B vaccination policy; (iii) a review of available personal protective equipment and procedures for responding to emergencies involving blood, including how to handle exposure incidents; and (iv) a presentation on the department's post-exposure evaluation and follow-up program and its warning (hazard communication) system. Training must also include an opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must
receive additional specialized initial training.

J. Recordkeeping
The Program must require medical records be maintained confidentially for each employee with occupational exposure for the duration of employment plus 30 years and include name and social security number, hepatitis B vaccination status (including dates), results of any examinations, medical testing and follow-up procedures, a copy of the healthcare professional’s written opinion, and a copy of information provided to the healthcare professional. Training records must be maintained for three years and include dates, the contents of the training program, the trainer’s name and qualifications, and names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and National Institute of Occupational Safety & Health. Medical records should not be disclosed or reported without the employee’s written consent to any person within or outside the workplace except as required by the Standard or as may be required by law. Disposal of records must be in accord with OSHA’s standard covering access to records.

III. APPROVAL

The IIT Safety Policy Committee reviewed and recommended the adoption of this Policy on November 17, 2014 and this Bloodborne Pathogens Policy is approved and effective this 18th day of November, 2014. Modifications and updates to this policy have been reviewed and approved and are effective as of the date noted on the cover page. The Safety Policy Committee will review the contents, implementation and effectiveness of this Policy no less than annually (but as often as necessary) to ensure that it is adequately providing a safe and healthful environment for IIT faculty, employees and students.

By:____________________ /s/ Alan W. Cramb
                     Provost and Senior Vice President

By:____________________ /s/ Bruce Watts
                     Bruce Watts, Vice President for Facilities & Public Safety