

**MONMOUTH UNIVERSITY  
POLICIES AND PROCEDURES**

**Policy: Bloodborne Pathogens Exposure Control Plan**

**Original Issue Date: Unknown**

**Revision Date: March 17, 2020**

**Page 1 of 34**

**Issued by: Michael Wunsch, MS  
Director of Compliance/Risk Manager**

**Approved by: Patricia Swannack  
Vice President for Administrative Services**

**I. INTRODUCTION**

- A. The purpose of this Exposure Control Plan is to help eliminate or minimize employee occupational exposure to blood or certain other bodily fluids to comply with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, as set forth in 29 CFR 1910.1030.
- B. Protecting employees from occupational exposures to disease-causing viruses and bacteria has become an extremely significant issue in many work places.
  - 1. Work situations, which present the possibility for contact with blood, bodily fluids, or biological agents, pose infectious disease risks.
- C. To address the hazards associated with occupational exposures to disease-causing agents, OSHA issued a final rule, which covers all employees who may be exposed to bloodborne pathogens through work-related contact with blood or other potentially infectious materials.
  - 1. Employers at any facility who have workers who handle, or who have the potential to come into contact with blood, other bodily fluids, which may contain bloodborne pathogens, or contaminated items, must comply with this regulation.

**II. OCCUPATIONS AT RISK**

- A. OSHA requires employers to determine which employees may, through the performance of their regular responsibilities, be exposed to blood or other potentially infectious substances.
- B. In accordance with OSHA regulations, the exposure determination should be made assuming that the employee is not using personal protective equipment.

- C. Employers are required to list all job categories in which an employee maybe exposed to such infectious substances, regardless of frequency.
  
- D. The University has determined that employees and students in the following positions may be exposed to blood or other potentially infectious materials:
  - 1. Administrative Services
    - a. Director of Compliance/Risk Manager
  - 2. Athletics
    - a. All Directors, Assistant and Associate Directors (excluding exclusively administrative positions)
    - b. Coaches
    - c. Assistant Coaches
    - d. Athletic Trainers
    - e. Assistant Athletic Trainers
    - f. Instructors
    - g. Equipment and Laundry Service Staff
    - h. Fitness Center Staff
    - i. Camp Counselors
  - 3. Aquatics
    - a. Supervisor
    - b. Lifeguards
  - 4. Campus Planning
    - a. Construction Manager
  - 5. Facilities Management
    - a. Directors
    - b. Auto Mechanics
    - c. Carpenters
    - d. Custodians
    - e. Electricians
    - f. Fire & Safety Staff
    - g. General Maintenance Mechanics
    - h. Groundskeepers
    - i. HVAC Mechanics

- j. Locksmiths
  - k. Mailroom Personnel
  - l. Plumbers
  - m. Service Response Team Members
6. Health Center
    - a. Director
    - b. Physicians
    - c. Substance Abuse Counselor
    - d. Nurses
    - e. Coordinators
    - f. On-call Nurses
    - g. Patient Contact Support
  7. Residential Life
    - a. Associate Directors
    - b. Area Coordinators
    - c. Resident Assistants
  8. University Police
    - a. Chief
    - b. Captain
    - c. Corporal
    - d. Sergeants
    - e. Patrol Officers
    - f. Safety Officers

### **III. SCOPE AND APPLICATION**

- A. This policy applies to all employees at the University who in the performance of their responsibilities may come in contact with blood or other potentially infectious material.
- B. Responsibility:
  1. Department Heads and Supervisors are directly responsible for the safety of those they supervise. They are accountable to senior management for all safety issues concerning the workers they supervise. Some of their responsibilities include:
    - a. Ensuring workers know and adhere to the procedures defined in this Exposure Control Plan;

- b. Ensuring that protective equipment is available, and in good working order and is used when necessary;
  - c. Performing regular hygiene, housekeeping and equipment maintenance inspections;
  - d. Determining required levels of personal protective equipment;
  - e. Immediately informing the Director of Compliance/Risk Manager when an employee has been exposed to potentially infectious materials;
  - f. Ensuring that new employees do not perform any tasks where there is a potential for exposure until the employee has completed Bloodborne Pathogens training; and
  - g. Ensuring that employees under their supervision complete the annual refresher training.
2. The University shall provide the safest work environment possible. However, employees are expected to:
- a. Avoid unsafe practices;
  - b. Follow all prescribed safety procedures;
  - c. Report all unsafe conditions to their Department Head or Supervisor;
  - d. Label containers and samples containing potentially infectious materials appropriately;
  - e. Be familiar with all hazards in their work area, biological or otherwise; and
  - f. Utilize all protective equipment provided; and practice good hygiene.

#### **IV. OVERVIEW OF STANDARD REQUIREMENTS**

- A. One of the requirements of the Bloodborne Pathogen Standard is that employees be informed of the contents of the regulation. The following sections review some of the most important elements of the Bloodborne Pathogen Standard.
- 1. Universal Precautions
    - a. Universal precautions shall be observed at the University in order to attempt to prevent contact with blood or other potentially infectious materials. The principle of universal precautions is a conservative approach to infectious control. Simply, the concept of Universal Precautions is:
      - i. All human blood and certain bodily fluids are treated as if they are known to be infectious for HIV, HBV, and/or other bloodborne pathogens.

- ii. Employees at Monmouth University must practice this approach whenever they handle blood, body fluids, or other potentially infectious materials.
  - iii. By making this assumption, employees should avoid all contact with potentially contaminated items by following standard safety precautions, using proper safety controls, and wearing appropriate personal-protective equipment.
2. Engineering and Work Practice Controls
- b. It is the University’s policy to use engineering controls and work practices to eliminate or minimize employee and student exposure to bloodborne pathogens.
  - c. Personal protective equipment must be worn when the potential for occupational exposure remains after these controls have been implemented.
  - d. Engineering controls are those devices which isolate or remove the bloodborne pathogen hazards from the work place.
    - i. These engineering controls are routinely examined as part of an inspection program. The table below lists the engineering controls, which have been implemented, where appropriate, to protect employees from potential exposure situations. This table also provides information on the inspection schedule for these controls.

**Engineering Controls and Inspection Schedule**

<u>ENGINEERING CONTROL</u>	<u>INSPECTION PERIOD</u>	<u>COMMENT</u>
Sharps Disposal Containers	Once, before use. Monthly during use. Once, before disposal.	Ensure outer portion of container remains clean while unit is in use.
Hand-washing Facilities and Eyewash Stations	Once a month. Daily cleaning.	
Custodial Staff-Gloves/ Masks/Safety Glasses	As used.	
Bio-Hazard Bags	As used.	

3. Hand-Washing Facilities and Eye-Wash Stations
- a. Hand-washing facilities and eyewash stations, which are readily accessible, have been made available to all employees, in accordance with the Federal standard.

- b. Where the construction of hand-washing facilities is not feasible, the University will provide an antiseptic hand cleanser.
  - c. Employees must wash their hands with running water as soon as possible after using these antiseptic cleansers.
  - d. Employees must wash their hands at these facilities every time they come in contact with items containing or contaminated with potentially infectious agents.
4. Site Locations of Hand-Washing Facilities:
- a. in every restroom;
  - b. laboratory;
  - c. Monmouth University Police Department;
  - d. all other permanent buildings;
  - e. the William Boylan Gymnasium; and
  - H. the OceanFirst Bank Center (OFBC).
5. Site Locations of Eyewash Stations:
- a. Facilities Management in the hallway near the time clock;
  - b. Auto Mechanics Shop on the wall between the second and third garage door (eyewash and shower);
  - c. Edison Science Building Laboratories (eyewash and shower);
  - d. Student Center boiler room just down from the stairs near the elevator;
  - e. Wilson Hall first landing of west staircase (MU photographer lab eyewash bottle station);
  - f. Health Center Room 3;
  - g. Gym trainer room, on the north wall;
  - h. Art workshop, A-1, near sink in the south room;
  - i. 600 Building, Room 608; and
  - j. Richard E. Steadman Natatorium, eyewash station on wall at deep end of pool.
6. Safe Work Practices
- a. Safe Work practices are defined as those procedures which have been developed by Monmouth University to reduce or eliminate employee exposures to bloodborne pathogens during the execution of their work tasks.
  - b. Employees should understand these procedures fully, and they must implement these practices when appropriate.
7. The Importance of Avoiding Routine Exposures

- a. A majority of biological contaminations are the result of small sprays, splashes or mists. Most of these contaminations do not cause an immediate, adverse health effect. Therefore, many workers do not fully appreciate the hazards they face during the completion of certain work tasks. Employees must realize that one accidental exposure to bloodborne pathogens can result in serious health effects. Employees must strictly follow all the procedures described in this Exposure Control Plan and associated training program.

#### 8. Basic Hygiene

- a. The following basic hygiene procedures are mandatory under the Bloodborne Pathogen Standard, as set forth in 29 CFR 1910.1030. These procedures have been implemented by the University and must be followed by employees who may be exposed to bloodborne pathogens.
- b. All procedures involving blood or other potentially infectious materials shall be performed in such a manner to prevent or minimize splashing, spraying, spattering, and generation of droplets of these substances. Employees must wash their hands immediately after removal of gloves or other personal protective equipment (or as soon as feasibly possible).
- c. If accidental skin contamination occurs, the area should be washed with copious amounts of soap and water for 15 minutes. If the eyes or mucous membranes are accidentally contaminated, they should be flushed with water for at least 15 minutes. All accidental exposures must be immediately reported to the employee's immediate supervisor as soon as possible.

#### 9. Additional Safe-Work Procedures

- a. Loose hair and clothing should be confined when in work areas where potential exposure to bloodborne pathogens may occur. Horseplay and other behavior which might confuse, startle, or distract workers will not be tolerated.
- b. All areas of potentially exposed skin shall be washed before leaving the work area. Water and a mild soap, or an antiseptic cleanser, should be used for skin cleansing.
- c. Solvents are not to be used as skin cleansers. They remove the natural protective oils from the skin and can cause irritation and inflammation.
- d. Employees with acne, dermatitis, open wounds, or other skin problems, should be extremely cautious when involved in potential exposure situations. Employees with skin problems should review safe work procedures with their supervisors.

#### 10. Contaminated Needles And Other Sharps Handling Procedures

- a. The following procedure regarding handling sharps is mandatory under the Bloodborne Pathogen Standard. These procedures have been adopted

by the University and must be followed by employees who may be exposed to bloodborne pathogens.

- b. Contaminated needles and other contaminated sharps shall not be bent or recapped. Contaminated needles and other contaminated sharps shall not be removed, bent, or recapped unless it is done by using a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is forbidden.
- c. Contaminated, reusable sharps must be placed in appropriate containers immediately after use (or as soon as reasonably possible) until properly processed. These containers must be puncture resistant, labeled (and/or color coded) in accordance with the Federal standard. All sharps containers must be leak-proof on the sides and bottoms. (See Monmouth University Regulated Medical Waste Program for disposal of sharps).
- d. Site Locations of Sharps Containers:
  - i. Health Center: One in each of the four examining rooms and pharmacy.
  - ii. Boylan Gymnasium: Located in Sports Medicine Facility.
  - iii. Edison Science Building: Second floor, Room 223 (locked in the office).
- e. Actions Prohibited In Work Areas. The following work area policies are mandatory under the Bloodborne Pathogen Standard, as set forth in 29 CFR 1910.1030. These procedures have been adopted by the University and must be followed by employees who may be exposed to Bloodborne pathogens.
  - ii. Eating, drinking, smoking and applying cosmetics are forbidden in areas where there is a reasonable possibility of occupational exposure to potentially infectious materials.
  - iii. Food and beverages must not be kept in refrigerators, freezers, shelves, cabinets, or on bench-tops where blood or other potentially infectious materials are present. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

#### 11. Employee Exposure Situations and Safe Work Practices

- a. Medical history and examinations cannot reliably identify all persons infected with bloodborne pathogens, precautions must be used by employees to prevent any contact with blood and body fluids. This approach, which is recommended by the Center for Disease Control, is referred to as “Universal Blood and Body Fluid Precautions” or “Universal (Standard) Precautions.”
- b. The following safe work practices for exposed and potentially exposed workers are advocated by the Center for Disease Control:

- c. All exposed and potentially exposed workers shall use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood and body fluids is anticipated;
- d. Gloves must be worn when touching blood, body fluids, mucous membranes, or non-intact skin;
- e. Gloves must be worn when handling items or surfaces contaminated with blood or body fluids;
- f. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids in order to prevent exposures of the mucous membranes of the mouth, nose and eyes;
- g. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids;
- h. Hands and other skin surfaces should be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other bodily fluids;
- i. Hands should be immediately washed after gloves are removed;
- j. Employees must take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices during or after medical procedures, when cleaning instruments and during disposal of used needles;
- k. To prevent needle-stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand;
- l. After they are used, disposable syringes, needles, scalpel, blades and other sharp items must be placed in puncture-resistant containers for disposal. These containers should be as close as practical to the area where disposable sharps are used;
- m. Mouthpieces, resuscitation bags or other ventilation devices should be available for use in areas in which the need for resuscitation procedures is reasonably anticipated;
- n. Healthcare workers who have exuding lesions or weeping dermatitis must refrain from handling patients and patient-care equipment until the condition is resolved; and
- o. Pregnant employees should review safe work procedures with supervisors and Human Resources.

## 12. Containerization Procedures

- a. The following containerization procedures are mandatory under the Bloodborne Pathogen Standard, as set forth in 29 CFR 1910.1030. These

procedures are described in the University Regulated Medical Waste Program.

- b. Specimens of blood or other potentially infectious materials shall be placed in containers, which prevent leakage during collection, handling, processing, storage, transport or shipping. These containers must be closed prior to being stored, transported or shipped. Containers for storage, transport or shipping shall be labeled in accordance with the standard and the University Regulated Medical Waste Program.
- c. **Special Note:** According to the Federal standard, facilities that utilize Universal Precautions in the handling of all specimens do not have to follow labeling/color-coding of specimen containers if these containers are easily recognizable as holding potentially infectious agents. This exemption only applies while such containers remain within the facility. Labeling/color-coding is mandated for those containers when they leave the facility. However, it is prudent practice to label ALL containers with the contents of the container and their associated hazard.
- d. If outside contamination of the primary container occurs (or if specimens contained within the primary container could puncture that container), the primary container must be placed within a secondary container which prevents leakage during handling, processing, storage, transport or shipping. The secondary container has to be puncture-resistant and labeled/color-coded under the requirements of the standard.

### 13. Equipment-Handling Procedures

- a. The following equipment-handling procedures are mandatory under the Bloodborne Pathogen Standard, 29 CFR 1910.1030. These procedures have been adopted by the University and must be followed by employees who may be exposed to bloodborne pathogens.
  - i. Equipment, which may become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated, when necessary.
  - ii. A label prepared in accordance with the Federal standard and the section on labels in this document shall be attached (if necessary) to the equipment, stating which portions remain contaminated. Designated employees of the University shall ensure that appropriate hazard information is conveyed to all affected employees, as well to servicing and repair representatives.

### 14. Special Procedures for Glassware

- a. The following procedures are prudent practices and are not mandated by the Federal standard. Nonetheless, the University requires all employees to follow the following procedures:

- b. Accidents involving glassware are a significant cause of injuries in laboratories and related facilities. Broken glassware should be swept up. It should not be picked up by hand;
- c. Glassware should be handled carefully and stored properly;
- d. Damaged items need to be repaired or discarded;
- e. Hand protection must be worn when inserting rubber stoppers or corks into glassware, or when placing rubber tubing on glass hose connections;
- f. Proper instruction on the use of specialized glassware must be obtained;
- g. Equipment must be used only for its intended purpose; and
- h. Employees should ask their supervisors if they are unsure how to handle equipment or if they feel items are not being used properly.

15. Working Alone and Unattended Operations

- a. The following procedures are prudent practices and are not mandated by the Federal standard. Nonetheless, the University requires employees to follow the following procedures:
  - i. Employees should not work alone in a laboratory if the procedure being conducted is hazardous;
  - ii. If employees must work alone, due to the constraints of an experiment or analysis, they should:
    - a) Review the operations with their supervisor to determine if the operations can be conducted alone safely;
    - b) Arrange to have police personnel or another employee check on them on a regularly scheduled basis;
    - c) If a reaction or other operation is to be unattended for any length of time, employees must:
      - 1) Leave on the lights in the work place.
      - 2) Place an appropriate sign on the door; and
      - 3) Provide for containment of the materials being used, should an event such as a power failure occur.

16. Universal Personal Protective Equipment Policy

- a. The University provides, at no cost to the employee, appropriate personal protective equipment for personnel who may be exposed to bloodborne pathogens. The following lists the personal protective clothing available at the University and how to obtain these supplies:

<u>ITEM</u>	<u>WHERE TO OBTAIN</u>	<u>COMMENT</u>
Single-Use Gloves	Supervisor	Wear Latex gloves whenever there is an opportunity for hand-contact with blood,

		blood products, mucous membranes, non-intact skin, other potentially infectious materials, or contaminated items and surfaces. Check for leaks, tears, punctures before each use. Use gloves only one time. Dispose in appropriate waste container.
Utility Gloves	Supervisor	Check for leaks, tears, punctures before each use. Dispose in appropriate waste container.
Lab Coats	Department Head	Check the condition of lab coat before each use. Do not wear lab coats that are obviously soiled. Follow standard laundering or disposal procedures for lab coats, as appropriate.
Masks	Supervisor	Wear masks whenever there is a likelihood of splash, sprays, mists, or the production of respirable droplets. Ensure that the mask fits properly. Dispose of masks in appropriate containers.
Safety Goggles Safety Glasses	Supervisor	Use eye protection whenever there is an opportunity for exposure to blood, blood products, or other potentially infectious materials. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
Face Shields	Supervisor	Wear face shields whenever there is an opportunity for exposure to large quantities of blood, blood products or other potentially infectious materials. Wear face shields whenever there is a likelihood of splash, sprays, mists or the production of respirable droplets. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
CPR Micro-Shields	Supervisor	Use whenever CPR is administered.

- b. Gloves
  - i. The routine use of gloves is one of the most basic safety procedures used to protect employees from the hazards associated with infectious agents. Gloves must be worn whenever there is an opportunity for hand-contact with blood, blood products, mucous membranes, non-intact skin and other potentially infectious materials or contaminated items and surfaces.
- c. Disposable Gloves
- d. Disposable gloves (such as surgical or examination gloves) should be replaced promptly if they are torn, punctured or their ability to function as a protective barrier is compromised in any way. Disposable gloves should not be washed or decontaminated for re-use. They should be properly discarded in compliance with the University Policy on Disposal of Regulated Medical Waste.
- e. Gloves That Are Re-Used
  - i. Utility gloves (gloves designed for more than a single use) may be decontaminated for re-use if the integrity of the glove is not compromised. Prior to use, to ensure that these gloves have no leaks, employees should blow air into the glove; seal the glove at the neck; and, determine if there is a release of air from holes in the glove. Utility gloves must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration.
- f. Hypoallergenic Gloves
  - i. Hypoallergenic gloves, glove liners, powderless gloves or other similar protective gear are available to employees who are allergic to the gloves normally provided. Employees who require such items should contact their supervisor.
- g. Face Protection
  - i. Masks, in combination with eye protection devices (i.e. goggles, safety glasses with shields, face shields) must be worn when splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and contamination of the eyes, nose or mouth can be reasonably anticipated.
- h. Other Protective Apparel
  - i. Gowns, aprons, lab coats or other similar outer garments should be worn in occupational exposure situations. The type of garment should be selected based on the degree of anticipated exposure.
  - ii. Employees should contact their supervisor if they have any questions concerning the type of personal protective apparel appropriate for certain job tasks.
  - iii. Such clothing shall not be worn outside of designated work areas.

- iv. If blood or potentially infectious materials penetrate protective clothing, these items must be removed immediately (or as soon as feasible).
- v. All personal protective equipment should be removed prior to leaving the work area.
- vi. Laundering, disposal, repair and/or replacement of this equipment will be done at no cost to the employee.
- vii. For routine work situations, closed toe shoes should be worn at all times.

According to the Federal standard, the employee may temporarily and briefly decline to use this equipment when, in the employee's professional judgment, its use prevents the delivery of healthcare or poses an increased hazard to the employee or co-worker.

- a) However, when this happens, the circumstances shall be thoroughly investigated in order to determine whether a change can be made to better address the matter.

#### 17. University Schedule for Cleaning and Method of Decontamination

- a. Effective housekeeping is essential to minimize all occupational hazards. Good housekeeping is critically important to protect workers from the hazards associated with potentially infectious agents. This section is dedicated to describing the pertinent housekeeping procedures at the University.
- b. The University strives to maintain its work sites in a clean and sanitary condition. To do so, a rigorous cleaning schedule for the various work areas, which contain potentially infectious materials has been instituted. The following describes the cleaning protocol used at the University.
- c. Housekeeping Procedures for Equipment
  - i. The following housekeeping procedures for equipment are mandatory under the Bloodborne Pathogen Standard, as set forth in 29 CFR 1910.1030. These procedures have been implemented by the University and must be followed by employees who may be exposed to bloodborne pathogens.
  - ii. Decontamination of Equipment
    - a) All equipment and working surfaces shall be decontaminated after contact with blood or other potentially infectious materials. Work surfaces shall be washed with disinfectant after completion of procedures which lead to contamination of these surfaces.
    - b) Work surfaces shall be cleaned at the end of the work shift when operations conducted during the shift involve potentially infectious materials.

- c) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and surfaces must be replaced as soon as feasible when they become overtly contaminated or at the end of the work shift.
  - d) All bins, pails, cans, and similar receptacles intended for reuse which may be expected to become contaminated with blood or other potentially infectious materials shall be routinely inspected, cleaned, and decontaminated whenever they become visibly contaminated.
- iii. Housekeeping Procedures for Waste Materials
- a) The following housekeeping procedures for waste materials are mandatory under Bloodborne Pathogen Standard, as set forth in 29 CFR 1910. 1030. These procedures have been implemented by the University and must be followed by employees who may be exposed to bloodborne pathogens.
  - b) Housekeeping Procedures for Sharps
    - 1) Broken glassware that may be contaminated must never be picked up directly with hands. A brush and dustpan, tongs or forceps must be used to clean up broken glassware. Employees are required to wear gloves every time they clean-up broken glassware and are to use a brush or broom and dustpan.
  - c) Waste Sharps
    - 1) Contaminated sharps must be discarded immediately after use. Containers for waste sharps shall be:
      - (i) Closable;
      - (ii) Puncture resistant;
      - (iii) Leak-proof on sides and bottom;
      - (iv) Labeled/color-coded according to the Federal standard and the chapter on labels in this document;
      - (v) Easily accessible to personnel (i.e. found close to the work areas where potentially infectious materials are handled);
      - (vi) Maintained upright throughout use; and
      - (vii) Disposed of monthly unless disposal required more frequently.
    - 2) When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal to prevent the accidental release of contents or placed in a secondary container if leakage is possible.

- 3) This secondary container must be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and labeled/color-coded according to the Federal standard and the section designated “Label Requirements” in this document. (See Monmouth University Regulated Medical Waste Program).
- d) Containers for Other Potentially Infectious Wastes
- 1) Containers for other potentially infectious wastes generated during procedures conducted at Monmouth University must be:
    - (i) Closable;
    - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
    - (iii) Labeled/color-coded according to the Federal standard and the section entitled “Label Requirements” in this document; and
    - (iv) Closed prior to removal to prevent the accidental release of materials.
  - 2) If outside contamination of the waste container occurs, the primary container shall be placed in a secondary container.
  - 3) The secondary container must be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, labeled/color-coded according to the Federal standard and the section designated “Label Requirements” in this document, and closed prior to removal to prevent the accidental release of materials (see Monmouth University Regulated Medical Waste Program).
- e) Housekeeping Procedures for Laundered Items
- 1) Contaminated laundry shall be handled as little as possible with a minimum of agitation.
  - 2) Contaminated laundry shall be containerized in the area of use and shall not be sorted or rinsed in the location of use.
  - 3) Wet laundry presents a potential leak problem shall be placed in leak-proof containers.
  - 4) Contaminated laundry shall be placed in containers that are labeled/color-coded according to the Federal standard and the section on labels in this document.

- 5) **Special Note:** According to the Federal standard, facilities that utilize Universal Precautions in the handling of all soiled laundry do not have to meet the labeling/color-coding of laundry containers if alternative labeling or color-coding permits all employees to recognize that Universal Precautions must be used with these items.
    - (i) This exemption only applies while such containers remain within the facility.
    - (ii) Labeling/color-coding is mandated for those containers when they leave the facility.
    - (iii) However, it is prudent practice to label ALL containers with the contents of the container and their associated hazard.
  - 6) Employees who have contact with contaminated laundry must wear gloves and other appropriate personal protective equipment, as deemed necessary for the safe handling of laundry.
- d. Employees should contact their supervisor if they have any questions concerning the type of personal protective apparel appropriate for certain job tasks.

## V. EMPLOYEE EXPOSURE DETERMINATION

- A. The purpose of the “Employee Exposure Determination” is to make employees aware that:
1. They may be exposed to bloodborne pathogens during the performance of certain work tasks;
  2. Specific job-related duties place them at risk for exposures to potentially infectious materials;
  3. They should not perform these tasks until they have received Bloodborne Pathogens training and they have been offered the opportunity to receive Hepatitis B vaccination;
  4. They must review safety information and safe-work procedures specific to the duties they are performing and the type of pathogens to which they may be exposed; and
  5. They should assess their health status (i.e. if they have open wounds, whether they have had vaccinations for Hepatitis B) before performing duties that could place them at risk of receiving an exposure to bloodborne pathogens.
- B. Employee Exposure Determination: Health Center Staff (Physicians, Nurses, etc.)

WORK TASK

EXPOSURE SITUATION

Patient contact	Contact with blood and other body fluids.
Handling syringes, needles	Accidental self-inoculation, needle-sticks.
Handling vials, other containers of blood and fluids	Breakage of containers may lead to contact with blood and other body fluids.
Working with medical handpieces and equipment containing blood or body fluids	Cuts and pricks from equipment; contact with infectious materials from spills, splashes and routine equipment-handling procedures.
Collecting specimens of blood and other body fluids	Accidental self-infection
Spillage of fluids	Aerosol droplet contamination
Preparing samples of blood or other body fluids for microscopic examination	Cutting finger on sharp edges of slide/cover slip. Exposure through non-intact skin.
Administration of Cardio-Pulmonary Resuscitation	Contact with saliva, open wounds of the mouth, aerosol droplets.

1. The following safe work practices apply to the general duties associated with physician-care, nursing and other medical activities:
  - a. Follow Standard Precautions at all times;
  - b. Protective eyewear, face shield, cap, gown and gloves should be worn for any procedure that could result in the generation of droplets, splashing of blood, other body fluids or bone chips;
  - c. If a glove is torn, the glove must be removed and replaced promptly;
  - d. If needle-stick or other instrument-related injury occurs, the area of skin injury should initially be milked to extract blood, then washed with soap and water;
  - e. Clothing which becomes contaminated with blood or other bodily fluids during procedures should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered;
  - f. Areas and equipment that may become contaminated with blood or other body fluids should be cleaned immediately with a bleach solution (1:10 to 1:100 dilution of household bleach);
  - g. Pregnant employees should review safe work procedures;
  - h. In handling patients who become hysterical, employees should maintain greater than an arm's length distance from the person. Whenever possible, additional assistance should be made available to maintain a safe environment;

- i. Whenever possible, syringes and IV angrocatheters with protective devices should be purchased or safety-lock devices should be made available
  - j. All procedure rooms should be outfitted with sharps containers kept at waist-level;
  - k. Employees performing mouth-to-mouth resuscitation should wear a mouth shield; and
- l. A resuscitation bag should be used to administer artificial ventilation in the event of a respiratory/cardiac arrest.

C. Employee Exposure Determination: Custodial Employees

<u>WORK TASK</u>	<u>EXPOSURE SITUATION</u>
Cleaning sinks, toilets, other bathroom fixtures	Contact with blood and other body fluids.
Clean-up of vomit, other body fluids.	Contact with potentially infectious fluids and materials.
Removal of waste	Contact with feminine sanitary items and other potentially contaminated materials.
Handling disposed syringe contaminated sharps. General site clean-up	Contact with disposal syringe needles, disposal personal items, and other potentially infectious materials.
Finding discarded condoms or other personal items	Contact with blood or other body fluids.

1. The following safe work practices apply to the general duties associated with custodial employee activities:
- a. Custodial employees must wear waterproof gloves and eye protection whenever they clean toilets, bathrooms and other facilities;
  - b. Custodial employees should not handle discarded needles, syringes and other potentially contaminated sharps. If they encounter a situation where needles, syringes or other potentially contaminated sharps are present, they should contact their supervisor immediately;
  - c. Custodial employees must wear gloves whenever they handle or expect to handle discarded condoms, sanitary napkins and other similar items; and
  - d. Surfaces and items contaminated with blood or other body fluids should be cleaned with a bleach solution (1:10 to 1:100 dilution of household bleach) or approved disinfectant.

D. Employee Exposure Determination: Service Response Personnel, Groundskeepers and other Facilities Management Personnel including Directors, Auto Mechanics, Carpenters, Electricians, General Maintenance Mechanics and HVAC Mechanics, and the Campus Planning Construction Manager.

<u>WORK TASK</u>	<u>EXPOSURE SITUATION</u>
Removal of waste	Contact with feminine sanitary items and other potentially contaminated materials
Handling disposed syringes or contaminated sharps. General site clean-up	Contact with disposal syringe needles, disposal personal items and other potentially infectious materials
Finding discarded condoms or other personal items	Contact with blood or other body fluids

1. The following safe work practices apply to the general duties associated with Service Response Team and Groundskeeper activities:
  - a. Protective gloves must be worn whenever un-bagged trash and recyclable items are handled;
  - b. Discarded needles, syringes and other potentially contaminated sharps should not be handled. If a situation is encountered where needles, syringes or other potentially contaminated sharps are present, the supervisor should be contacted immediately;
  - c. Waterproof gloves must be worn whenever discarded condoms, sanitary napkins and other similar items are handled; and
  - d. Employees' hands should be washed immediately after removing waterproof gloves.

E. Employee Exposure Determination: Plumbers

<u>WORK TASK</u>	<u>EXPOSURE SITUATION</u>
Repairing/unclogging sinks, toilets and other bathroom fixtures	Contact with blood and other body fluids
Removal of waste	Contact with feminine sanitary items and other potentially contaminated materials
Finding discarded condoms or other personal items	Contact with blood or other body fluids
Handling disposed syringes or contaminated sharps	

Contact with disposal syringe needles, disposal personal items and other potentially infectious materials

1. The following safe work practices apply to the general duties associated with Plumbers' activities:
  - a. Plumbers must wear waterproof gloves whenever they unclog toilets, sinks and shower drains or when they handle or expect to handle discarded condoms, sanitary napkins and other similar items;
  - b. Plumbers must wear waterproof gloves when handling items or surfaces obviously contaminated with blood or body fluids;
  - c. Plumbers must wear protective eyewear or face shield and protective, waterproof clothing when splashing of contaminated liquids is anticipated;
  - d. Plumbers should not handle discarded needles, syringes and other potentially contaminated sharps. If they encounter a situation where needles, syringes or other potentially contaminated sharps are present, they should contact their supervisor immediately;
  - e. Employees' hands should be washed immediately after removing waterproof gloves; and
  - f. Clothing which becomes contaminated with blood or other body fluids during repair work should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered.

F. Employee Exposure Determination: Fire and Safety Personnel

<u>WORK TASK</u>	<u>EXPOSURE SITUATION</u>
On-campus collection and transport of Regulated Medical Waste and other bio-hazardous materials	Breakage of containers may lead to contact with contaminated or potentially infectious materials
Handling sharps containers of disposed syringes or contaminated sharps	Possibility of contact with disposal syringe needles or disposal sharps contaminated with potentially infectious materials
Finding improperly discarded syringes or other drug paraphernalia	Possibility of accidental self-inoculation or needle sticks

1. The following safe work practices apply to the general duties associated with Fire and Safety activities:
  - a. Fire and Safety personnel must wear protective gloves whenever they handle regulated medical wastes or bio-hazardous materials;

- b. Fire and Safety personnel must take precautions to prevent injuries caused by needles, syringes and other sharp objects. Fire and Safety personnel should always pay attention to their hands whenever they handle discarded needles, syringes and other sharp objects. Whenever Fire and Safety personnel encounter a situation where needles, syringes or other potentially contaminated sharps are present, they should always wear protective gloves and whenever feasible, use hemostats to pick-up sharps and place them into appropriate sharps containers;
- c. Fire and Safety personnel must wear waterproof gloves whenever they expect to handle potentially infectious materials;
- d. Employees' hands should be washed immediately after removing waterproof gloves; and
- e. Clothing which becomes contaminated with blood or other body fluids during transport or retrieval of Regulated Medical Wastes or bio-hazardous materials should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered.

G. Employee Exposure Determination: Police Officers

<u>WORK TASK</u>	<u>EXPOSURE SITUATION</u>
Contact with drug paraphernalia	Accidental self-inoculation and needle sticks.
First-aid on victims of accidents, violence or those experiencing medical emergencies.	Contact with blood, body fluids.
Administration of Cardio-Pulmonary Resuscitation	Contact with saliva, open wounds of the mouth, aerosol droplets.
Handling uncooperative individuals. Getting bitten.	Contact with blood, other body fluids.
Contact with knives and other weapons	Cuts from potentially contaminated items.
Processing of crime scene during investigation.	Contact with blood, other body fluids and potentially contaminated items or surfaces.

1. The following safe work practices apply to the general duties for employees of the Police Department:

- a. Law enforcement employees must wear gloves whenever they anticipate touching blood, body fluids, mucous membranes or non-intact skin while they conduct their operations;

- b. Gloves must be worn when handling items or surfaces obviously contaminated with blood or body fluids;
- c. Hands and other skin surfaces should be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other body fluids;
- d. Hands should be immediately washed after gloves are removed;
- e. Employees must take precautions to prevent injuries caused by needles, syringes and other sharp objects. Law enforcement employees should always pay attention to their hands whenever they handle needles, syringes and other sharp objects, or search suspects;
- f. CPR Mouthpieces with one-way valves, resuscitation bags, or other ventilation devices should be available to those officers who may reasonably be expected to perform CPR;
- g. Clothing which becomes contaminated with blood or other body fluids during operations should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered;
- h. Areas and equipment which become contaminated with blood or other body fluids should be cleaned immediately with a bleach solution (1:10 to 1:100 dilution of household bleach);
- i. Pregnant employees should review safe work procedures; and
- j. Whenever employees handle uncooperative individuals, they should attempt to keep the individual's back towards themselves. This way, the opportunity to be bitten is minimized because the individual is facing away from the employee. Employees should always endeavor to obtain additional assistance whenever they handle an uncooperative individual.

H. Employee Exposure Determination: Athletics Coaches/Trainers, Fitness Trainers, Camp Counselors and Physical Education Faculty

WORK TASK

EXPOSURE SITUATION

First-aid on accident victims or those experiencing medical difficulties.

Contact with blood, other body fluids.

Performing Cardio-Pulmonary Resuscitation.

Contact with saliva, open sores in and around mouth and other body fluids.

Rescue victims

Contact with blood and other body fluids.

Rescue breathing

Contact with saliva, open sores in and around mouth and other body fluids

Finding discarded personal items                      Contact with blood and other body fluids.

Using CPR mouthpieces with one-way valves                      Contact with contaminated equipment.

1. The following safe work practices apply to the general duties associated with Team Sports Coaches/Trainers/Equipment Room personnel:
  - a. Coaches/Trainers must wear gloves whenever they anticipate touching blood, body fluids, mucous membranes or non-intact skin while they provide first aid or CPR procedure;
  - b. Gloves must be worn when handling items or surfaces obviously contaminated with blood or body fluids;
  - c. Hands and other skin surfaces should be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other body fluids;
  - d. Hands should be immediately washed after gloves are removed;
  - e. Employees must take precautions to prevent injuries caused by needles, syringes and other sharp objects;
  - f. CPR Mouthpieces with one-way valves, resuscitation bags, or other ventilation devices should be available to those employees who may reasonably be expected to perform CPR;
  - g. Clothing which becomes contaminated with blood or other body fluids during responses should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered;
  - h. Areas and equipment that become contaminated with blood or other body fluids should be cleaned immediately with a bleach solution (1:10 to 1:100 dilution of household bleach); and
  - i. Pregnant employees should review safe work procedures with Medical Department personnel.

I. Employee Exposure Determination: Lifeguards

<u>WORK TASK</u>	<u>EXPOSURE SITUATION</u>
First aid on accident victims	Contact with blood and other body fluids
Performing CPR	Contact with saliva, sores and other body fluids
Finding discarded personal items	Contact with blood and other body fluids
Using CPR mouthpieces with one-way valves	Contact with contaminated equipment

1. The following safe work practices apply to the general duties associated with life guarding:
  - a. Follow universal and standard precautions at all times;
  - b. Mouthpieces, resuscitation bags should be available to lifeguards; and
  - c. Gloves must be worn when handling items or surfaces contaminated with body fluids.

J. Employee Exposure Determination: Residential Life Staff

<u>WORK TASK</u>	<u>EXPOSURE SITUATION</u>
Injured student contact	Contact with blood and other body fluids
Residence hall inspections/duty round	Contact with potentially infectious fluids and materials
Contact with drug paraphernalia	Responding to emergency calls from RA's
Intoxicated student contact	Contact with saliva, blood and other body fluids

1. The following safe work practices apply to the general duties associated with Residential Life staff activities:
  - a. Residential Life student staff should immediately contact University Police and the Residential Life Administration on call if they encounter any of these situations and wait for direction full-time University personnel;
  - b. Residential Life student and professional staff should not handle discarded needles, syringes, and other potentially contaminated materials in the residence halls. If student staff should encounter a situation where needles, syringes or other potentially contaminated materials are present, they should contact the University Police and the Residential Life Administrator on-duty;
  - c. In all cases where a Residential Life Administrator encounters a situation where conditions exist for the potential exposure to a bloodborne pathogen, they should contact the University Police for assistance; and
  - d. All Residential Life staff members should contact the University Police and Facilities Management when they encounter human waste or other potentially infectious fluids and materials (ie. vomit) in the residence halls. Residential Life staff members should not attempt to clean or remove these materials.

## **VI. HEPATITIS B VACCINE**

- A. Monmouth University shall make available the Hepatitis B Vaccination series to all employees who may be exposed through their occupation, and post exposure follow-up to employees who have had an exposure incident.
- B. The Director of Compliance/Risk Manager shall ensure that all medical evaluations and procedures including the Hepatitis B Vaccine and vaccination series and post exposure follow-up, including prophylactics are:
  - 1. Made available at no cost to the employee;
  - 2. Made available to the employee at a reasonable time and place;
  - 3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
  - 4. Provided according to the recommendations of the U.S. Public Health Service.
- C. An accredited laboratory at no cost to the employee shall conduct all laboratory tests.
- D. Hepatitis B Vaccination
  - 1. The Director of Compliance/Risk Manager is responsible for monitoring the Hepatitis B vaccination program. We have made arrangements with the Health Center to provide this service.
  - 2. Hepatitis B vaccinations shall be made available after the employee has received the training in occupational exposure (see information and training) unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
  - 3. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.
  - 4. If the employee initially declines Hepatitis B vaccination, but at a later date, while still covered under the Standard, decides to accept the vaccination, the vaccination shall then be made available.
  - 5. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.
  - 6. If the U.S. Public Health Service recommends a routine booster dose of Hepatitis B vaccine at a future date, such booster doses shall be made available.

## **VII. POST EXPOSURE EVALUATION AND FOLLOW-UP**

- A. All exposure incidents shall be reported, investigated and documented. When the employee incurs an exposure incident, it shall be reported to the Director of Compliance/Risk Manager.

- B. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up including at least the following elements:
- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
  - b. Identification and documentation of the source individual, unless it can be established that identification is infusible or prohibited by state or local law;
  - c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Director of Compliance/Risk Manager shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented;
  - d. When the source individual is already infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated; and
  - e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- C. Collection and testing of blood for HBV and HIV serological status shall comply with the following:
- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained; and
  - b. The employee shall be offered the option of having their blood collected for testing of the employees HBV/HIV serological status. The blood sample shall be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
- D. All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up shall be performed by the medical facility listed at the back of this plan.
- E. Information Provided to the Healthcare Professional
1. The Director of Compliance/Risk Manager shall ensure that the healthcare professional responsible for the employee's Hepatitis B Vaccination is provided with the following:
    - a. A copy of 29 CFR 1910.1030;

- b. A written description of the exposed employee's duties as they relate to the exposure incident;
  - c. Written documentation of the route of exposure and circumstances under which exposure occurred;
  - d. Results of the source individuals blood testing, if available; and
  - e. All medical records relevant to the appropriate treatment of the employee including vaccination status.
- F. Healthcare Professional's Written Opinion
- 1. The Director of Compliance/Risk Manager shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within five (5) days of the completion of the evaluation.
  - 2. The healthcare professionals written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
  - 3. The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:
    - a. A statement that the employee has been informed of the results of the evaluation; and
    - b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
  - 4. Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

## **VIII. LABELS AND SIGNS**

- A. The Director of Compliance/Risk Manager or designee, or the Supervisor of Electrical, Fire and Safety Systems, shall ensure that biohazard labels are affixed to containers of regulated waste.
- B. The universal biohazard symbol shall be used.
- C. The label shall be fluorescent orange or orange-red.
- D. Red bags or containers may be substituted for labels.
  - 1. However, regulated waste must be handled in accordance with the rules and regulations of the organization having jurisdiction and in compliance with University Policy.

## **IX. TRAINING AND RECORD-KEEPING**

- A. Information Training

1. The Director of Compliance/Risk Manager shall ensure that training is provided to employees and student employees at the time of initial assignment to tasks where occupational exposure may occur, and ensure training is repeated by all employees and student employees yearly.
2. Training shall be tailored to the education and language level of the employees and offered during the normal work shift.
3. The training shall cover the following:
  - a. A discussion of the epidemiology and symptoms of bloodborne diseases;
  - b. An explanation of the modes of transmission of bloodborne pathogens;
  - c. An explanation of the Monmouth University Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy;
  - d. The recognition of tasks that may involve exposure;
  - e. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE);
  - f. Information on the types, use location, removal, handling, decontamination and disposal of PPE;
  - g. An explanation of the basis of selection of PPE;
  - h. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it will be offered free of charge;
  - i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - j. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
  - k. Information on the evaluation and follow-up required after an employee exposure incident;
  - l. An explanation of the signs, labels and color-coding systems; and
4. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

## B. Record Keeping

1. Medical Records (exposure incidents)
  - a. The Director of Compliance/Risk Manager is responsible for maintaining medical records as indicated below. These records shall be kept at the Health Center.
  - b. Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be

maintained for at least the duration of employment plus 30 years. The records shall include the following:

- 1) The name and employee or student ID number of the employee;
- 2) A copy of the employee's HBV vaccination status, including the dates of vaccination;
- 3) A copy of all results of examinations, medical testing and follow-up procedures; and
- 4) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident and documentation of the routes of exposure and circumstances of the exposure.

## 2. Training Records

- a. The Director of Compliance/Risk Manager is responsible for maintaining the following training records. These records shall be kept at the Office of Compliance.
- b. Training records shall be maintained for three years from the date of training. The following information shall be documented:
  - i. The dates of the training sessions;
  - ii. An outline describing the material presented;
  - iii. The name and qualifications of person conducting the training (i.e. Michael Wunsch, MS, Director of Compliance/Risk Manager); and
  - iv. The names and job titles of all persons attending the training sessions.

## 3. Availability of Records

- a. All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.
- b. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

## 4. Transfer of Records

- a. If this facility is closed or there is no successor employer to receive and retain the records for the proscribed period, the Director of the NIOSH shall be contacted for final disposition.

# X. EVALUATION AND REVIEW

- A. The Director of Compliance/Risk Manager is responsible for annually reviewing this program and its effectiveness and for updating this program as needed.

## **XI. GLOSSARY**

The following is a summary of important terms which can be found in the OSHA Bloodborne Pathogen Standard and reference materials that are provided to employees as part of the University's information and training programs. Supervisor and employee members may wish to review and become familiar with these definitions.

ANTIBODY	A molecule made by lymph tissue that defends the body against bacteria, viruses, or other foreign bodies. Also called immunoglobulin.
ANTIGEN	A substance foreign to the body that causes the body to produce antibodies.
ASSISTANT SECRETARY	The Assistant Secretary of Labor for Occupational Safety and Health or a designated representative.
BACTERIA	A one-celled microorganism that can cause infection.
BLOOD	Human blood, human blood components and products made of human blood.
BLOODBORNE PATHOGEN	Pathogenic microorganisms present in human blood and that can cause disease in humans.
CHAIN OF INFECTION	The sequence of events that must occur for an infection to spread.
CLINICAL LABORATORY	A work place where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
COMMUNICABLE	Capable of being transmitted from person to person.
COMMUNICABLE DISEASE	Any disease carried from one person or animal to another by direct or indirect contact.
CONTAMINATED	Presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
CONTAMINATED LAUNDRY	Laundry that has been soiled with blood or other potentially infectious materials on an item or surface.

CONTAMINATED SHARPS	Any contaminated object that can penetrate skin.
DECONTAMINATION	The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point they are no longer capable of transmitting infectious particles.
DIRECTOR	Director of the National Institute of Occupational Health and Safety, U.S. Department of Health and Human Services or designated representatives.
DISEASE	A condition of abnormal function involving any structure, part or system or an organism that may or may not stem from an infection.
ENGINEERING CONTROLS	Controls that isolate or remove bloodborne pathogens from the work place.
EXPOSURE INCIDENT	Specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or potentially infectious materials that result from the performance of an employee's duties.
FUNGUS	A parasitic plant that lacks chlorophyll.
HAND-WASHING FACILITIES	A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
HBV	Hepatitis B virus.
HIV	Human Immunodeficiency virus.
HOST	Person who becomes diseased by being infected by bacteria, viruses or fungi.
INFECTION	The invasion of the body by organisms that reproduce and cause disease.
INFECTIOUS AGENT	An organism responsible for a disease.
LICENSED HEALTHCARE PROFESSIONALS	Persons whose legally permitted scope of practices allows them to perform Hepatitis B vaccinations, post-exposure evaluations and medical follow-up.

MODE OF TRANSMISSION	The way in which organisms are carried from reservoirs to hosts.
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 duties.
OTHER POTENTIALLY INFECTIOUS MATERIALS	Other potentially infectious materials also include any unfixated tissue or organ (other than intact skin) from a human (living or dead); HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; and, blood, organs or other tissues from experimental animals infected with Human Immunodeficiency Virus or Hepatitis B Virus.
PARENTERAL	The action of 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 (i.e. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard, are not considered personal protective equipment.
POTENTIALLY INFECTIOUS MATERIALS	These materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid and saliva in dental procedures. Potentially infectious materials also include any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult to differentiate between body fluids.
PRODUCTION FACILITY	A facility engaged in industrial-scale, large-volume or high concentration production of Human Immunodeficiency Virus or Hepatitis B Virus.

REGULATED WASTE	Liquid or semi-liquid blood or other potentially infectious materials and contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Regulated wastes also include items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious materials.
RESEARCH LABORATORY	Laboratory producing or using research laboratory-scale amounts of Human Immunodeficiency Virus or Hepatitis B Virus.
RESERVOIR	A place where organisms can survive and multiply without necessarily causing or exhibiting disease in a potential host population.
ROUTE OF ENTRY	The way in which an organism enters a host.
SOURCE INDIVIDUAL	Any individual, living or dead, whose blood or other potentially infectious fluids may be a source of occupational exposure to the employee.
STERILIZE	The use of physical or chemical procedures to destroy all microbial life.
UNIVERSAL PRECAUTIONS	An infection control approach in which all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus, Hepatitis B Virus and other bloodborne pathogens.
VIRUS	Extremely small microorganisms that can only grow in the cells of other organisms.