ORDER OF
SAINT BENEDICT, INC.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

COLLEGEVILLE, MN.

CONDUCTING:

SAINT JOHN'S ABBEY
SAINT JOHN'S UNIVERSITY
SAINT JOHN'S PREPARATORY
LITURGICAL PRESS

TABLE OF CONTENTS

I. BACKGROUND

A. In December of 1991 OSHA published the Final Rule governing Occupational Exposure to Bloodborne Pathogens in 29 CFR Part 19l0.1030 Subpart Z. This Final Rule, effective March 6, 1992, provides guidelines for employers to reduce risk of infection of employees exposed to blood or other potentially infectious materials.

B. The targeted diseases specifically include human immunodeficiency virus (HIV) and hepatitis B virus (HBV), and other bloodborne diseases. C. The Rule addresses definitions, work practices, procedures, equipment, information dissemination, preventative and post-incident medical interventions and policies related to employee training. The objective is to minimize the risk of exposure or, if necessary, to effectively treat employees involved in an incident where there is a significant possibility of exposure.

D. The Exposure Control Rule focuses on identifying employees at various degrees of risk to insure that they receive appropriate training, protective equipment, vaccination, and that existing Universal Precautions are employed to reduce risk of infection by bloodborne pathogens.

II. EXPOSURE CONTROL PLAN

A. The administration of the Order of Saint Benedict, Inc. (here after referred to as Saint John's) recognizes the potential danger to it's health care and service staff which result from occupational exposure to bloodborne pathogens as addressed by OSHA's Occupational Exposure to Bloodborne Pathogens Rule. In the best interests of administration, employees, student employees and injured workers, Saint John's intends to fully comply with the letter, spirit and intent of these rules. To this end, the following Exposure to Bloodborne Pathogens Exposure Control Plan (**BPECP**) has been compiled.

B. This plan addresses the methods of compliance with 29 CFR 1910.1030 through the use of institutional policies and standards of practice. These specific policies and procedures are intended to strengthen the widely used Universal Precautions. It is the intent of this BPECP to focus attention on reducing the risk of contracting a bloodborne pathogen while working for Saint John's.

C. Attention is given to the identification of the degrees or classifications of risk associated with different jobs. Each job is based on a series of tasks, some of which may present some individuals with exposures to bloodborne pathogens. By carefully classifying and identifying tasks and potential exposures, we will be able to provide specific policies and training aimed at reducing the risk of infection among Saint John's employees.

D. This plan is effective immediately, and will be under continual evaluation and review. All employees have a responsibility to identify situations or conditions which have an impact on this plan and should be addressed by modifications or additions. Changes shall be made and communicated as soon as the need is recognized. In addition, the plan shall undergo formal documented review annually.

E. The Exposure Control Plan provides for the following:

1. Determining the risk classification into which each job in the facility best fits and the identification of which specific tasks associated with a job create the risk of exposure to bloodborne pathogens.

2. Methods of compliance with the Rule covering:
   a. Handwashing facilities
   b. Waste management including storage and disposal of sharps and potentially infected materials or equipment
   c. Handling of body fluids
   d. Availability and suitability of protective equipment
   e. Housekeeping related to equipment, work areas and surfaces, protective coverings and laundry
   f. Hepatitis B vaccination (or waivers) and post-exposure follow-up
   g. Communication of hazards to employees through training, signs and labels

III. DISEASES

A. Among the more common bloodborne diseases that you could be exposed to on the job include, but not limited to, hepatitis B and human immunodeficiency virus (HIV).

1. HBV

Hepatitis means "inflammation of the liver." Hepatitis B virus is the major infectious bloodborne pathogen faced by workers on the job. If you become infected with HBV, you may suffer from flu-like symptoms so severe that you may require hospitalization or you may feel no symptoms at all. Your blood, saliva and other body fluids may be infectious and you might spread the virus to sexual partners, family members and even unborn infants. A vaccine available to reduce or eliminate risk of infection or a post exposure vaccine is available.

2. HIV

The human immunodeficiency virus (HIV) attacks the body's immune system causing the disease known Acquired Immune Deficiency Syndrome (AIDS). Currently there is no vaccine to prevent this infection. A person infected with HIV may carry the virus for several years without developing symptoms but will eventually develop AIDS. An infected person may suffer from flu-like symptoms, fever, diarrhea and fatigue; and eventually AIDS-related illnesses including neurological problems, cancer and other opportunistic infections are easily contracted as the body's ability to fight off illness decreases. Although HIV can be transmitted through contact with infected blood or body fluids, it is NOT transmitted by touching, feeding or working around persons who carry the disease.

B. Routes of Transmission

1. The pathogens which can transmit these diseases may be present in the blood and other body fluids such as saliva, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic and any other fluids contaminated with blood. Unfixed tissue or organs from living or dead humans, cell, tissue or organ cultures and other biological matter from laboratory experiments have also proven to be sources of some pathogens.

2. These pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, dermatitis or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, scalpels, broken glass, exposed ends of dental wires or any other object that can puncture or cut skin. Infection can also gain access to the body through mucous membranes of the eyes, nose and mouth when these areas are touched with contaminated hands or implements. The HBV virus is particularly dangerous since it can survive on dried surfaces at room temperature for at least one week. This means that a surface can be dangerously contaminated without any visible signs if the work areas are not thoroughly cleaned immediately after being contaminated with infectious material.

IV. DEFINITION OF TERMS

The following definitions, derived from the OSHA Rule are provided for easy reference and apply throughout this plan.

A. Bloodborne pathogens - Pathogenic microorganisms that are present in human blood and that can infect and cause disease in persons who are exposed to blood containing these pathogens.

B. Clinical laboratory - A workplace where diagnostic procedures or other screening procedures are performed on blood or other potentially infectious materials.

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

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

E. Contaminated sharps - Any object contaminated with blood or other potentially infectious material that is capable of penetrating the skin.

F. Decontamination - The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or object to the point at which they are no longer capable of transmitting infectious articles.

G. Engineering controls - Controls that isolate, minimize or remove a workplace hazard.

H. Exposure incident - A specific exposure to the eye, mouth, other mucous membrane, or puncture exposure to blood or other potentially infectious materials that results from the performance of an employee's duties.

I. Handwashing facilities - A facility providing an adequate supply of r running water, soap and single-use towels or hand dryer.

J. Licensed health care professional - A person whose legally permitted scope of practice allows him or her to independently perform the activities required by 29 CFR 1910.1030, paragraph (f) Hepatitis B Vaccination and Post-exposure Follow-up.

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

L. Personal protective equipment - Specialized clothing or equipment worn by an individual to protect him or her from hazardous microbes.

M. Regulated waste: Any one of the following:

1. Liquid or semi-liquid blood or other potentially infectious materials.
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
3. Objects caked with dried blood or other potentially infectious materials which are capable of releasing these materials during handling.
4. Contaminated sharps.
5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

N. Source individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

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

P. Universal precaution - A method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Q. Work-practice controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

V. EXPOSURE CLASSIFICATIONS

Supervisors will classify tasks performed in their areas of responsibility according to the following exposure classifications, and for developing and maintaining up-to-date policies for eliminating or reducing task-associated risks. The human resources director or person responsible for maintaining job descriptions shall insure that all department site plans and position descriptions, including administrative and support personnel, have been evaluated by the supervisors and that a Risk of Exposure to Bloodborne Pathogens Classification I & II has been assigned, if applicable, to the position. For jobs which fall in Classification II, a list of tasks or procedures which present an occupational exposure to those employees will be prepared and appended to the job description.

A. **CLASSIFICATION I** - List of all job classification in which all employees have occupational exposure. Jobs in which required tasks routinely involve a **potential for mucous membranes or skin contact** with blood, body fluids, tissues or potential spills or splashes. Use of appropriate BPECP measures are required for every worker in the following jobs:

1. HEALTH CARE PROVIDERS

2. ATHLETIC TRAINER/ATHLETIC EQUIPMENT MANAGER

3. SECURITY OFFICERS/EMT/LIFEGUARD

4. CUSTODIAL

5. LAUNDRY

B. **CLASSIFICATION II** - List of all job classification in which some employees have occupational exposure. Jobs in which required tasks normally do not involve exposure to blood, body fluids, or tissues, but **may require performing unplanned Classification I Tasks**. In these jobs the normal work routine involves no exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment in the following jobs:

1. ATHLETIC COACHES

2. FOOD SERVICE PERSONNEL

3. LAB ASSISTANTS/EXPOSED FACULTY

4. RESIDENT ASSISTANTS

5. WASTE WATER/ PLUMBERS

VI. BLOODBORNE PATHOGENS ASSESSMENT RESULTS – CLASSIFICATION II:

Employees whose jobs require tasks which normally do not involve exposure to blood, body fluids or tissue, but **may require performing unplanned Classification I tasks.** In these jobs the normal work routine involves no exposure to blood, body fluids or tissues. However, exposure or potential exposure may be required as a condition of employment. Below are listed the job classifications at Saint John's where employees provide first aid as an auxiliary component of their duties.

JOB TITLE	TYPES OF BODY FLIUDS/BLOOD ENCOUNTERED	RELATED TASKS\ PROCEDURES
Athletic Coaches	Blood and other body fluids.	Working with injuries; changing of dressings; clean up of blood spills.
Designated Food Service Personnel	Blood and other body fluids.	Clean up blood and/or body fluids.
Lab Assistants/ Exposed Faculty	Blood and other body fluids.	Handling blood products and other body fluids in class-Rooms during planned Activities.
Waste Water Plant Operator Plumbers	Blood and other body fluids.	Handling and working with waste products that may Contain blood and other body Fluids.

VII. METHODS OF CONTROL

A. UNIVERSAL PRECAUTIONS

Universal Precautions provide the first line of defense for employees against the risks of Exposure to bloodborne pathogens. Universal Precautions shall be practiced at all times to educe the risk to workers in the vicinity of an exposure. Since there is no way to know the status of body fluids from a source, Universal Precautions must be consistently used. This relates to all activities involving contact with blood, tissue, body fluids, or equipment and materials which may have been contaminated by these substances.

1. At a minimum, the following precautions are required of all employees when attending to an injured worker or working with equipment or materials which may have been contaminated with infectious material. These universal guidelines do not relieve personnel of responsibility for knowing and complying with more detailed policies included in this Bloodborne Pathogen Exposure Control Plan which must be consulted and followed routinely.

a. WEAR APPROPRIATE PROTECTIVE EQUIPMENT at all times, including a mask and eye protection if splattering is likely to occur when attending to an injured worker.
b. WEAR GLOVES when anticipating contact with blood, body fluid, tissues, mucous membranes or contaminated surfaces, or if breaks in the skin are present.
c. WEAR AN IMPERVIOUS GOWN OR APRON if splattering of clothing is likely.
d. WEAR A MASK if there is to be contact with an infectious disease spread by splatter droplets.
e. USE MOUTHPIECES, RESUSCITATION BAGS AND OTHER VENTILATION DEVICES during emergency resuscitation if this is a part of the job duties.
f. WASH HANDS with antimicrobial soap/towelettes if there is contact with blood, body fluids or human tissue. Wash hands with soap and water as soon as possible.
g. HANDLE SHARP OBJECTS CAREFULLY.

2. **DISPOSE OF ALL SPILLS** which contain, or may contain, biological contaminants in accordance with policies for infectious waste disposal. Until clean-up is complete, the area should be roped off to other workers.

B. IMPLEMENTATION OF THE BPECP

1. All managers and supervisory personnel are responsible for monitoring employees' job performance and for updating job descriptions if new tasks are being performed by individuals which present a change in occupational exposure status.
2. Managers and supervisory personnel are also responsible for monitoring employees' training status and their compliance with risk reducing Universal Precautions. Supervisors shall be particularly attentive to recognize and act to prevent unsafe actions by any employee.
3. The human resources director or person responsible, shall insure that whenever a new position description is prepared, it is classified and periodically reviewed for exposure risk classification prior to being approved.
4. All employees share responsibility with, and for, their co-workers to insure compliance with the letter, spirit and intent of Saint John's policies for the prevention or transmission of disease. Therefore, each employee must know how to recognize occupational exposure and must communicate changes in the exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

C. ENGINEERING CONTROLS AND WORK PRACTICES

1. In spite of continual improvements in the design and manufacture of safety devices to protect employees from all types of environmental threats to their safety and health, many threats remain. Saint John's acknowledges the significant contribution made by these devices in protecting employees from occupational hazards associated with bloodborne pathogens and will insist that they be used on our job sites.
2. Most bloodborne pathogen threats can be minimized greatly through engineering controls and modified work practices. An engineering control is a device which isolates or removes bloodborne pathogens from the work place. Sharps containers in the health service would be an example. Work practice controls reduce a bloodborne pathogen threat by changing the manner in which we perform a task. Blotting large amounts of fluid with disposable toweling instead of scooping up quantities with a dust type pan might be an example. This would reduce the possibility of splashing. When engineering controls and work practices cannot ensure safety from an exposure incident, personal protective equipment must be used.

3. The following applies to all classification I and II employees when attending to a situation which presents any risk of exposure to a bloodborne disease:
a. Classification I and II employees are responsible for proper use and routine care of health safety devices and personal protective equipment.
b. Each employee must recognize the possibility of failure of a safety device. Accordingly, employees shall adhere to the tenants of Universal Precautions, always working with care and without placing unjustifiable reliance on mechanical devices as the sole means of avoiding the risk of personal contamination.
c. Each classification I and II employee is responsible for reporting observed deficiencies in existing devices to supervisors or the maintenance staff.
d. Engineering safety controls and devices shall be maintained in working order consistent with manufacturer's specifications and common sense, which ever offers the greater degree of worker protection.
e. Administrators and professional staff shall be alert to the availability of new or approved protective devices.

VIII. HAND WASHING

A. Management of Occupational Exposures such as hand washing/flushing is the single most important means of preventing the spread of infection.

B. Employees must advise supervisors directly of any locations where contamination could reasonably be expected to occur and hands cannot be cleaned in accordance with the following standards so that corrective action can be taken.

C. All employees must wash hands and exposed skin with soap and running water and flush exposed mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

D. Antiseptic hand cleaner, in conjunction with clean cloth or paper towels, or antiseptic towelettes may be used as an interim measure when soap and water are not a feasible means of washing hands or other parts of the body. When this is done, employees shall wash their hands (or other affected area) with soap and running water as soon as feasible thereafter.

E. It is vitally important to clean hands thoroughly after contact with possible infectious material. This helps to protect you, but is very important in preventing the hand-to-hand spread of contamination to your fellow employees. Inability to clean hands in accordance with the standard prior to possible contamination of self or others which could result in transmitting a bloodborne disease must be reported and evaluated as a possible exposure incident.

IX. HANDLING OF CONTAMINATED NEEDLES AND SHARPS

A. Do not cut, bend, break or re-insert contaminated needles into original sheath.

B. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

C. Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:
1. Closeable
2. Puncture resistant
3. Leakproof on sides and bottom
4. Labeled or color-coded in accordance with the standard
5. Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found

D. Sharps containers must be kept upright, replaced routinely and kept from becoming overfilled. When removed from the work area, containers will be closed to prevent spillage or protrusion during handling, storage and shipment to proper disposal sites as specified by local, state and federal law. If container leakage is possible, the container shall be placed in a secondary container which is closeable, properly labeled and/or color-coded and capable of containing leakage through the shipping or handling process.

E. Containers shall not be manually opened, emptied nor cleaned in any manner that would expose employees to the risk of percutaneous injury.

X. AVAILABILITY AND ACCESSIBILITY OF PERSONAL PROTECTIVE EQUIPMENT

A. Personal Protective Equipment is provided by Saint John's which includes but is not limited to gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks and other ventilation devices.

B. Appropriate equipment is that which does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions and for the duration of use.

C. Each employee is responsible for knowing the location and inventory level of appropriate and properly sized protective equipment, and for advising supervisors if adequate supplies are not available/need replenishment.

D. Each employee is responsible for inspecting protective equipment before use and for removal of defective pieces from use.

E. Employees shall use personal protective equipment to the extent judged appropriate based on any possibility of contracting an infection from bloodborne pathogens at work.

XI. SPECIFIC USE OF PERSONAL PROTECTIVE EQUIPMENT

A. Masks, eye protection and face shield combinations shall 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 be reasonably anticipated.

B. Employees shall wear gloves when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin.

C. Protective body clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

D. Employees shall wear protective caps or hoods and/or shoe covers or boots when there is reasonable anticipation of gross contamination in mass injury situations with extensive blood loss or body fragmentation, or when gaining access to the victim could result in exposure to blood or other potentially contaminated fluids.

E. Employees shall remove immediately, or as soon as feasible, any garment that is penetrated by blood or other potentially infectious material. All personal protective equipment shall be removed prior to leaving the scene and shall be placed in a designated container for storage, washing, decontamination or disposal.

F. To reduce the risk of exposure, PPE should not be handled excessively for the purpose of inspection after use. Pieces observed to be damaged should be placed in a separate designated container which is properly marked.

XII. REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT

A. To take off masks, headwear, footwear, gown and gloves:

1. Remove, headwear, footwear and then gloves and discard into a waste container or place into an approved, properly marked laundry container located within the space where the task or procedure has been performed.
2. Remove gown, turning it inside out. Handle only the inside of the gown. Place it into an approved, properly marked laundry container located within the space where the procedure has been performed.
3. To remove disposable gloves, pull down from the cuff to avoid or minimize potential contamination of your hands. Place this first glove in the palm of the other hand and remove the second glove in the same manner.
4. Wash hands and flush mucous membranes if there is any possibility that membrane exposure to blood or other infectious fluids or materials occurred.

XIII. DISPOSAL OF CONTAMINATED WASTE

A. All waste potentially contaminated with human blood and body fluids including all disposable medical products are to be discarded into a red color-coded container before being secured and transported for incineration or sterilization. Should the outer surfaces of a waste container become contaminated, the entire container shall be placed in a second container of equal specification.

B. All waste from any unit of this facility in which there is any possibility of contamination by human blood and body fluids waste will be collected in red color-coded impervious bags labeled "Infectious Waste or Biohazard."

C. Infectious waste and biohazard bags will be closed. Call Life Safety to transport the bags to the Health Center where bagged waste is stored before pickup by a contracted agency.

D. Employees will not transfer into another container, sort through the contents of infectious waste bags, or sort among closed bags.

E. All infectious waste containers will be disposed of as soon as feasible.

F. When working with suspected infectious materials, Universal Precautions shall be taken as the first line of defense against occupational exposure to bloodborne pathogens. Therefore, at a minimum, all biological waste and any contaminated waste collected from locations in which a potential exposure has occurred shall be considered infectious and handled accordingly:

1. Gloves will be worn at all times when gathering and containerizing waste which has any chance of having been exposed to blood, other human fluids or tissue. Use additional appropriate personal protective equipment if splattering is possible.

2. Do not over fill containers such that they cannot be easily and tightly closed without stretching the container.

3. All containers will be tightly closed or sealed prior to being taken from the area in which the waste was created. Closed containers shall not be left in the area in which they were filled but shall be moved promptly to designated storage areas to await timely transportation to an approved decontamination facility.

4. If the outside of any bag which may contain biohazardous waste is observed to be punctured or damp from internal leakage, that container shall be placed into another qualified container by a Classification I or II employee wearing appropriate PPE before it is moved or otherwise handled.

5. A two-person method of double bagging is preferred, and shall be used if a second worker is reasonably available and properly dressed for handling potentially infected material. The partner should cuff the clean bag over his hands and open it widely. The person handling the defective or contaminated container should place it carefully in the second bag. The clean bag is then closed securely by the partner holding the bag.

6. Spills from biohazardous waste containers shall be cleaned up with an approved disinfectant.

7. Immediately after containerizing potentially hazardous waste, cleaning spills from containers holding potentially hazardous waste or handling filled waste containers, employees shall wash their hands in accordance with Universal Precautions and the handwashing standards described in this plan.

XIV. HANDLING AND CLEANING OF POTENTIALLY CONTAMINATED EQUIPMENT AND SURFACES

A. All bins, pails, cans and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

B. Broken glassware which may be contaminated shall **not** be picked up directly with the hands. It shall be cleaned up using mechanical means.

C. Employees engaged in cleaning equipment and surfaces shall use personal protective equipment that insures there is no contact of potentially contaminated material with skin or personal clothing.

D. All cleaning materials and single use personal protective equipment shall be disposed of as hazardous waste.

E. Potentially contaminated equipment which is to be serviced or relocated shall be examined and decontaminated as necessary by an equipment maintenance specialist under the supervision of the director of environmental health and safety or one trained in the ways of decontamination of Bloodborne Pathogens. If decontamination of such equipment or portions of such equipment is not feasible:

1. A readily observable biohazard label shall be attached to the equipment stating which portions remain contaminated and it shall be cordoned off to prevent tampering until it is made safe or properly removed.
2. Information that the piece of equipment may present a risk of occupational exposure to a bloodborne pathogen must be conveyed to all affected employees, the servicing or moving representatives or manufacturer, prior to handling, servicing or shipping.

F. Employees engaged in cleaning equipment shall use personal protective equipment that will insure that there is no contact of potentially contaminated material with skin or personal clothing.

G. Clean large equipment, stationary or portable, with an EPA-registered tuberculocidal disinfectant, an EPA-registered disinfectant labeled as effective against HIV and HBV or a bleach solution diluted 1:10 with water. Avoid splatter or dripping. If dripping is reasonably anticipated, use a drop cloth under the equipment being cleaned.

H. Clean spills from around the equipment immediately.

I. All cleaning materials and personal protective equipment shall be disposed of as infectious waste or properly prepared for transport to the laundry as potentially infectious laundry.

J. Wash hands after removal of personal protective equipment.

XV. HANDLING OF CONTAMINATED LAUNDRY

A. Contaminated laundry should be handled as little as possible with a minimum of agitation.

B. In accordance with Universal Precautions and this policy, all contaminated linen is to be handled as follows:

1. Soiled linen will be sprayed with an EPA-registered tuberculocidal disinfectant, an EPAregistered disinfectant labeled as effective against HIV and HBV or a bleach solution diluted 1:10 with water. The linen will then be containerized, at the location where it was used, without being sorted or rinsed.

2. All laundry visibly contaminated with blood or other body fluid shall be placed carefully into a red color-coded or labeled nonabsorbent leak-proof hamper or bag that is free of holes and tears.

3. Any employee handling contaminated laundry shall wear protective gloves, and other appropriate personal protective equipment if necessary, that will prevent contact between the soiled material and personal clothing.

4. Do not over fill the bag.

5. If the first bag becomes wet or could reasonably be expected to become wet before arriving at the laundry, or if the integrity of the bag is compromised, it shall be placed in a second, leak-proof bag.

6. When the bag is filled, close it immediately for transport. A container is considered full and ready for closure when all of the soiled laundry in a location of use has been containerized. Filled bags will be left only in a location specifically designated for temporary storage.

7. Transport laundry or linen as soon as possible.

8. Linen is sorted only in the laundry in accordance with Universal Precautions and separately published laundry practices.

9. Any clothing of employees which, as the result of an accident in their work area, may have been in contact with blood, other body fluids or tissue of an injured person shall be considered contaminated. Classification I and II employees will assist such employees to ensure that their clothing is treated as contaminated material and is containerized, transported and laundered in our laundry facility at no cost.

XVI. CLEANUP OF BLOOD OR OTHER POTENTIALLY INFECTIOUS BODY FLUIDS

A. If blood or other potentially infectious body fluids are encountered in the work place, always observe Universal Precautions first and foremost.

B. While fluids such as urine and vomit are not considered infectious by themselves, they ARE considered infectious if observable blood is present. **Use Universal Precautions in any case.**

C. The cleanup procedure for blood and other potentially infectious fluids is as follows:

1. Apply appropriate PPE
2. Use absorbent material to pick up the bulk of the fluid. This can be from a commercial kit or might be regular vomit absorbent.
3. Use a straight edged scrapper to gather the absorbent material for pickup.
4. Use disposable toweling to finish wiping up remaining fluid.
5. Absorbent material and toweling should be disposed of in an appropriate bag. Red, biohazard labeled bags should be used for known infectious fluids. These include blood, other body fluids listed in this program, and body fluids which are not normally infectious but which contain visible blood. Again, these might be urine or vomit.
6. Refer to the Waste Disposal section of this manual for proper disposal techniques.
7. The affected area should be washed thoroughly with a solution consisting of 5.25% sodium hypochlorite (household bleach) mixed 1:10 with water which is mixed up fresh each day. Again, blot with disposable toweling, and discard in the same bag.
8. Follow directions provided in the Sections 11 & 12 of this manual entitled Specific Use of PPE and Removal of PPE.

XVII. BLOODBORNE PATHOGEN WORK AREAS

A. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

B. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, on countertops or bench tops where blood or other potentially infectious materials are present.

C. To every extent possible these cautions shall be communicated to the general work force through routine first aid or other safety training events and through written information distributed or posted as a part of normal employee general information dissemination.

D. Employees who have been working at a site where the possibility of contamination exists shall avoid any behavior that could result in ingesting contaminated materials until they have washed their hands with soap and running water as described in the Bloodborne Pathogen Exposure Control Plan's Section 8 on handwashing.

XVIII. HEPATITIS B VACCINE PROCEDURE

A. Saint John's will offer the vaccination series for hepatitis B to all employees who have anticipated occupational exposure to bloodborne pathogens. The corporation will use the post-exposure follow-up process described in this section for employees who have had a reportable exposure.

B. The hepatitis vaccination series, medical evaluation, lab tests and post-exposure follow-up will be made available to the employee at no cost.

C. Hepatitis B vaccination will be made available after blood-borne pathogen training has been completed, and within ten days of initial assignment for persons who have come into positions with potential occupational exposure, or who have had new duties assigned which present occupational exposure opportunities. **The vaccination series is not mandatory**. An employee in an affected classification will be offered the series at any time, even if the offer was originally rejected.

D. All employees who decline the offer of hepatitis B vaccination must sign a waiver form which documents the offer of the vaccination and the employee's wish to decline.

XIX. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. All exposure incidents must be reported to Life Safety or the Health Center immediately and the employee's supervisor within 24 hours. Our Definition of Terms section says an exposure incident is, **"A specific exposure to the eye, mouth, other mucous membrane, or puncture exposure to blood or other potentially infectious materials that results from the performance of an employee's duties."** Exposure incidents must be investigated and documented.

B. Following an exposure incident, the exposed employee must receive a confidential medical evaluation and follow-up which includes, at the least, the following:

1. Documentation of the route of entry and the circumstances involved in the exposure incident.
2. Identification and documentation of the source individual unless it can be established that such an identification is unfeasible or prohibited by any applicable law.
3. The exposed employee will be offered the option of having their blood evaluated for HCU, HIV/HBV status. The sample will be retained for ninety days to allow time for the employee to decide if HIV tests should be completed.
4. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV or HIV infection. If the source individual is known to be HCU, HBV or HIV positive, further testing need not be pursued.
5. Results of test from the source individual will be made known to the exposed employee. The employee will be informed regarding laws and regulations that address disclosure of the source individual's identity and infectious status.

C. Needlestick prevention program:
Immediate follow-up of employees after a neddle stick.

1910.1030 (f) (3) Identify injury patterns and accident analysis to determine if other training procedures or safer needle devices should be used to prevent future accidents.

1910.1030 (h) (5) Maintain a log of injuries from contaminated sharps.

PEP & Follow-up, which includes:

1. Confidential medical exam
2. Documentation of route of exposure and the circumstances under which the exposure incident occurred.
3. Make results of source of individuals testing (usually after consent) available to the exposed employee.
4. PEP as recommended by the U.S. PHS.

NIOSH recommends that if you experienced a needle stick or other sharps injury or were exposed to the blood or other body fluids of a patient during the course of your work, immediately follow these steps:

1. Wash needle sticks and cuts with soap and water.
2. Flush splashes to the nose, mouth or skin with water.
3. Irrigate eyes with clean water, saline or sterili (irritants)?
4. Report the incident to your supervisor.
5. Immediately seek medical treatment.
6. If you have any questions about appropriate medical treatment for occupational exposure to blood, 24 hr assistance is available from the Clinician's Post Exposure Prophylaxis Hotline (PEP line) @ 1-888-448-4911.

XX. RELATION WITH HEALTH CARE PROFESSIONALS

A. Saint John's will ensure that the health care professional responsible for the medical evaluation and hepatitis B vaccination is provided with the following information:

1. A copy of 29 CFR 1910.1030.
2. **A written description of the exposed employee's duties.** Written documentation of the route of exposure and circumstances under which the exposure occurred.
3. **Results of the source individual's blood testing**, if available.
4. **All medical records of the exposed employee** that are related to the exposure, including vaccination status.

B. The health care provider will provide a written opinion and the employer must provide the exposed employee a copy within fifteen days of the completion of the evaluation. In order to ensure confidentiality, the written opinion must be limited to:

1. **The exposed employee's vaccination status**, and whether or not vaccination for HBV is indicated following this exposure.
2. **A statement that the exposed employee has been informed about any medical conditions resulting from exposure to blood** or other potentially infectious materials which require further evaluation or treatment.

C. All other findings shall remain confidential, and will not become a part of the written record.

XXI. LABELS AND SIGNS

A. Each department at Saint John's will ensure that bio-hazard red bags with labels will be used to mark containers of regulated waste, refrigerators and freezers containing blood or other infectious materials, and other containers used to store, transport or ship infectious materials. Saint John's will use the universal bio-hazard symbol, and labels will be red.

B. Red bags and containers with the imprinted bio-hazard symbol may be used without additional labels.

XXII. INSTRUCTOR

The instructor needs to be one who is knowledgeable about bloodborne and body fluid dangers, and the proper handling of such according to the OSHA standards 29 CFR Part 1910.1030 Subpart Z governing Occupational Exposure to Bloodborne Pathogens.

XXIII. TRAINING

Saint John's will provide training to all classification I & II employees at no cost to the employee during working hours. This training will be held initially to bring the college and its employees into compliance with the Bloodborne Pathogen Standard, and then on an annual basis. As appropriate, additional written instruction and training will be provided should either federal and state regulations or college policies change. All new employees will receive training at the time of their initial assignment. The training program will contain the following elements:

1. An explanation of the contents of the Bloodborne Pathogen Standard (29CFR 1910.1030);
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of Saint John's exposure control plan;
5. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
6. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
7. An explanation of the basis for selection of personal protective equipment;

8. Information of the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or to the potentially infectious materials;
10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
11. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
12. An explanation of the signs and levels and/or color coding required by the Bloodborne Pathogen Standard;
13. An opportunity for interactive questions and answers with the person conducting the training session.

XXIV. MEDICAL RECORDS

Saint John's Director of Human Resources is responsible for maintaining all medical records associated with the bloodborne pathogen program. Records will be maintained in accordance with OSHA Standard 29, CFR 1910.1030, subpart Z. Any records will be held in strict confidentiality, and will be maintained for the length of employment plus thirty years.

A. Records will contain the following:

1. The name and social security 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.
4. A copy of the information provided to the health care provider, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of entry and circumstances of the exposure.

XXV. TRAINING RECORDS

Saint John's Director of Human Resources is responsible for documenting all training activities and maintaining training records. All training records will be maintained for at least three years from the date of training.

A. Training records will include the following:

1. The dates and times of training sessions.
2. An outline which describes the material presented.
3. The names and qualifications of persons presenting the training.
4. The names and job titles of all persons attending the training. A signed acknowledgment of training from each employee that in attendance.
5. A signed acknowledgment of training from each employee that was in attendance.

B. All employee training records will be made available to the employee upon request in accordance with 29 CFR 1910.1030. Employee records will also be made available upon request to the assistant secretary of labor for OSHA, and the director of the National Institute for Occupational Health and Safety (NIOSH).

XXVI. APPENDICES

Appendix A Occupational Exposure Incident Report Form

Appendix B Hepatitis B Vaccine Declination/Shot Record Form

Appendix C Release from Responsibility for Hepatitis B Vaccination Form

OCCUPATIONAL EXPOSURE INCIDENT REPORT

Date _____

Employee name_____ S.S. _____

Date of exposure_____ Date Reported_____

Reported to_____

Supervisor's name and department_____

Type of exposure incident_____

How did exposure incident occur_____

List protective devices/equipment used at time of exposure_____

_____

_____

Description of employee's duties as related to occupational exposure_____

_____

_____

Date of Hepatitis B vaccination, if known _____ _____ _____

Source individual known Yes _____ No _____

_____ _____
Signature of supervisor or person preparing this report Date

_____ _____
Employee's Signature Date

HEPATITIS B VACCINE DECLINATION/SHOT RECORD FORM

Section 1910.1030

I have already completed the Hepatitis B vaccination series.

Dates of Vaccination _____ _____ _____

Where _____

_____

Print Name

_____ _____
Date Signature

* *

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____
Print Name

_____ _____ _____
Date Signature

RELEASE FROM RESPONSIBILITY FOR HEPATITIS B VACCINATION

I have been provided with, and have read and understand the written information concerning Hepatitis B and Hepatitis B Vaccine. All of my questions concerning this disease and the vaccine have been answered to my satisfaction.

I understand that the Hepatitis B vaccine is suggested and recommended for individuals with the potential of extensive contact with blood/body secretion to reduce the incidence of Hepatitis B.

I understand the most likely risks of taking Hepatitis B vaccine include rash, fever, joint pain and local tenderness.

I understand that taking this vaccine is entirely voluntary and is not a condition of employment. I further understand to complete the series for full immunization I must receive three injections. The first one at an elected date, the second one month later and the third six months after the first.
I have decided that in my case, the benefits of taking the vaccine out weigh the possible risk.
I further understand that:

__ Because the vaccine is genetically engineered and derived from yeast, the vaccine should not be given to pregnant women only if clearly needed. Currently, the vaccine's effects of the fetus and lactation are not known.

__ I hereby state that I am over eighteen years of age and authorize and request that the Order of Saint Benedict Health Center inoculate me with the Hepatitis B vaccine. I hereby release the Order of Saint Benedict Health Center and any person administering these vaccinations from any liability whatever for any results, loss or damage arising from these vaccinations.

_____ _____ _____
Employee Signature Witness Date

Date of Vaccination	Person Administering Vaccine/Clinic	Lot Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

I have already completed the standard Hepatitis B vaccine series (booster doses are not routinely recommended within 9
years of vaccination). I need a booster. Yes No (circle one)