Introduction and Purpose

This plan has been developed in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (BBP), 29 CFR 1910.1030. The plan is applicable for all departments but each department must develop protocols that are specific to their work area for Appendices A-E. The Exposure Control Plan should be reviewed and updated at least annually, and whenever necessary to reflect new or modified tasks, and/or new or revised employee positions which affect occupational exposure.

The purpose of this exposure control plan is to:

- Eliminate or minimize employee occupational exposure to blood and other potentially infectious materials.
- Comply with the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030.

Exposure Determination

Hepatitis B is an inflammation of the liver. The virus is transmitted by exposure to infectious body fluids, usually blood or blood components. Bloodborne Pathogens may be transmitted in the following ways during work activities:

- Injuries from sharps
- Skin or eye contact
- Scratches or cuts
- Bites or wounds

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

Although Standard Precautions can provide some protection from exposure to Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV) which causes AIDS, prior to exposure to potentially infectious materials. The exposure risks have been categorized into three (3) job classifications:

1. Job Category I - Employees who <u>may be routinely exposed</u> to bloodborne pathogens or other potentially infectious materials. The normal work routinely involves

procedures or job-related tasks that have inherent potential for risk. All employees in Category I will receive Bloodborne Pathogen Training within ten (10) working days of initiating duties and will be offered Hepatitis B vaccine through USC Upstate Health Services. It is the responsibility of the hiring manager to provide written notification to the USC Upstate Risk Manager, of all new hires in Category I, so the initial Bloodborne Pathogen Training can be scheduled and recorded in the University's Training records.

Example: Designated first aid providers who render assistance on a regular basis in the course of their work are included in this category.

Job Category I	**Tasks/Procedures**
Athletic Trainers/Coaches	Provides first aid; exposure to blood and body fluids
First responders: University Police, Residential Life Staff	Provides first aid; exposure to blood and body fluids
Infectious Waste Handlers	Handles and transports infectious waste
Clinical Laboratory Personnel	Works with sharps; exposure to blood and body fluids
Custodial Staff	Handles contaminated laundry, empties trash, cleans contaminated areas.
Nursing Staff in Clinical Setting	Provides first aid; exposure to blood and body fluids; works with sharps
Physicians in Clinical Setting	Works with sharps; exposure to blood and body fluids
Child Development Center Staff	Provides first aid; exposure to blood and body fluids

2. Job Category II - Employees who are <u>not usually exposed</u> to bloodborne pathogens or other potentially infectious materials, but may be exposed under certain conditions. The normal work routine does not involve

procedures or job-related tasks that have an inherent potential for risk. It is the responsibility of the hiring manger to schedule annual training for employees in Category II. **Example**: Designated first aid provider whose primary job assignment is not rendering of first aid, are included in this category.

Job Category II	**Tasks/Procedures**
International Traveler	Travel may be required for work; Hepatitis B exposure potential
Laundry/Locker Room Personnel	Handles gym clothes, towels may be exposed to blood or body fluids
Remainder of Facilities Management Staff	Have been trained and may be designated to clean up blood and body fluids
Researchers in Laboratory Setting (including Faculty, Technicians, and Student Assistants)	May be exposed to blood or blood products, infectious waste, and viruses

3. Job Category III - Employees <u>should not ever be exposed</u> to bloodborne pathogens or other potentially infectious materials.

- *The Hepatitis B Vaccine will be offered to all employees in Category I & II.*
- *The vaccine will not be routinely offered to employees in Category III; however, these employees may choose to receive the vaccine through USC Upstate Health Services on a fee-for-service basis.*

Compliance Methods

1. Standard Precautions

Standard Precautions will be observed at USC Upstate in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Under circumstances in which differentiation between body

fluid types is difficult or impossible, all body fluids shall be considered to be potentially infectious material.

2. Hand washing facilities

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. (*If hand washing facilities are not feasible, USC Upstate will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, the hands are to be washed with soap and running water as soon is feasible*.)

3. Work Practice Controls

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.

4. Engineering Controls

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited.

Immediately after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled or color-coded, and leak proof on the sides and bottom. Sharps containers shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).

The containers shall be maintained upright throughout use by utilizing stabilizing units and replaced routinely and not be allowed to overfill. Sharps containers will be closed and locked when 2/3 - 3/4 full, and prepared for proper disposal.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement, to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

5. Implementation of Safer Medical Devices

The Needle-Stick Safety and Prevention Act was signed into law on November 6, 2000, in response to the advances made in technological developments that increase employee protection. Safer medical devices replace sharps with non-needle devices or incorporate safety features designed to reduce the likelihood of injury.

Safer medical devices that are appropriate, commercially available, and effective must be implemented. An effective safer medical device is one that, based on reasonable judgment, will decrease the risk of an exposure incident involving a contaminated sharp.

Since employees are required to utilize the devices, they shall have input in the identification, selection, and evaluation of effective work practice and engineering controls. After the initial use of the devices by employees, there needs to be a continued and documented evaluation of the devices. It may be necessary to replace the device originally selected with a more suitable device. An effective safer device may not be available in the market place for every situation.

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

6. Safety Procedures

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded.

Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury

7. Personal Protective Equipment

Each department is responsible for ensuring that the following provisions are met. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and for the duration of time the protective equipment will be used.

a. PPE Use

Each department shall ensure the employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

b. PPE Accessibility

Each department shall ensure that appropriate PPE sizes is readily accessible at that the worksite and is issued without cost to employees. Hypoallergenic gloves, non-latex gloves, glove liners, powder-free gloves, or other similar alternatives shall be readily

accessible to those employees who are allergic to the gloves normally provided.

c. PPE Cleaning, Laundering and Disposal
All personal protective equipment will be cleaned, laundered, repaired, replaced, or disposed of by the employer at no cost to the employee.

All garments that are penetrated by blood shall be removed immediately or as soon is feasible. All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately-designated area or container for storage, washing, decontamination or disposal.

d. Gloves
Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

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

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

8. Housekeeping Procedures
Each department shall ensure the worksite is maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and method of disinfection is based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces will be disinfected after completion of procedures and immediately (or as soon is feasible) after any spill of blood or other potentially infectious materials, as well as at the end of the work shift, if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly-scheduled basis.

Any broken contaminated glassware will not be picked up directly with the hands. Dustpans and hand brooms or forceps/tongs are available for use.

Reusable sharps are not used at USC Upstate.

9. **Regulated Waste Disposal**
Disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations, and follow the USC Upstate Infectious Waste Management Plan. (DHEC is the regulating agency in South Carolina).

10. Other Regulated Waste
Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

11. **Laundry Procedures**
Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and will not be sorted or rinsed in the area of use. Such laundry will be placed in appropriately marked (biohazard labeled, or color-coded red) bags at the location where it was used.

12. Labels and Signs

Each department shall ensure biohazard labels are affixed to containers of regulated wastes, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

The universal biohazard symbol shall be fluorescent orange or orange-red. Red bags or containers may substitute for labels; however, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction. (DHEC)

Hepatitis B Vaccination and Testing of Immune Status

1. Hepatitis B Vaccination

USC Upstate Health Services shall make available the Hepatitis B vaccine and vaccination series to all employees who have potential occupational exposure. USC Upstate shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series are:

- made available at no cost to the employee;
- made available to the employee at a reasonable time and place;
- performed under the supervision of a licensed physician or under the supervision other licensed healthcare professional; and
- provided according to the recommendations of the U.S. Public Health Service

All laboratory tests (titers) shall be conducted through USC Upstate Health Services by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination shall be made available after the employee has received the Bloodborne Pathogens Training and within ten (10) working days of initial assignment, to all employees who have occupational exposure, 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. 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. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. (Appendix F)

2. Post-Vaccination Testing of Immune Status
Testing for immunity is advised only for persons whose subsequent clinical management depends on knowledge of their immune status. Post-vaccination testing is considered for persons at high levels of occupational risk.

USC Upstate Health Services will offer post-vaccination testing free-of-charge to those employees at high risk for contracting bloodborne disease. The Hepatitis B Surface Antibody Titer (HBsAb) will be performed three (3) months after completion of the Hepatitis B vaccination series to confirm immunity to Hepatitis B.

Post-Exposure Evaluation and Follow-up

Following the report of an exposure incident, the University shall immediately refer the exposed employee for a confidential medical evaluation, post-exposure evaluation and follow-up at the University's current Occupational Health provider. Documentation of the routes of exposure, circumstances under which the exposure incident occurred, and other information related to the exposure incident, shall be addressed by the licensed physician or other licensed healthcare professional who is evaluating the exposure incident.

Recordkeeping

1. Medical Records
Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained separately from personnel records for at least the duration of employment plus thirty (30) years.

USC Upstate Health Services maintains copies of the employee's hepatitis vaccination status, including the dates of all the vaccinations and any medical records relative to the employee's ability to receive vaccination.

USC Upstate Health Services will evaluate employee injuries, provide first aid when appropriate, and refer to the Occupational Health provider contracted by the University. It is the responsibility of the employee manager to file First Report of Employee Injury with Human Resources. Medical records for employees with occupational exposure are maintained by the facility that provides the medical evaluation.

2. **Training Records** (Appendix E)
Environmental Health and Safety (EHS) and each department are responsible for maintaining training records for three (3) years from the date of training. The following information shall be documented:

- The dates of the training sessions
- An outline describing the material presented
- The names and qualifications of persons conducting the training
- The names of all persons attending the training sessions

3. **Sharps Injury Log**
Human Resources on the Columbia campus shall maintain an OSHA 301 Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information is recorded and maintained in such a manner as to protect the confidentiality of the injured employee. (29 CFR 1904.6)

4. **Availability**

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

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 (NIOSH) upon request.

5. Transfer of Records

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

APPENDIX A

WORK PRACTICE AND ENGINEERING CONTROLS

Work Practice Controls:

Employees are to follow Universal Precautions in all work practices:

a.) Proper hand washing – Disposable gloves are to be worn when handling blood or other body fluids. Other personal protective equipment is to be worn as indicated by the Bloodborne Pathogen Standard.

b.) Eating, drinking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in all laboratory settings on campus and in examination rooms in USC Upstate Health Services.

c.) No blood or potentially infectious materials are to be stored in refrigerators, other than the one designated for such, in the laboratory of Health Services at USC Upstate.

d.) **Needles must not be bent, sheared, broken, or recapped following use.**

No decontamination of medical equipment is to occur in Health Services, or in other departments on the USC Upstate campus, with the exception of reusable utility gloves.

Disposable examination table paper, drapes, and gowns are utilized in USC Upstate Health Services; therefore, laundry procedures are not indicated in this facility.

Engineering Controls:

Accessible hand washing facilities: All clinical settings will be equipped with hand washing facilities. If hand washing facilities are not available in non-clinical settings, USC Upstate will provide waterless hand sanitizers or antiseptic towelettes, until access to hand washing facilities is feasible.

The Occupational Health Physician on the Columbia campus selected the safety needle device design: the *B-D SafetyGlide*® needle with self-sheathing action was selected for intramuscular injections. Recapping of needles is prohibited**,** unless the nurse can demonstrate that no alternative is feasible or that such an action is required by a specific medical procedure (such as recapping a sterile needle after drawing up PPD of Tuberculin prior to administration). **Any recapping of contaminated needles must be accomplished through the use of a one-handed technique or by using a mechanical device, such as the *Power-Lok*®.**

Disposal of needles: Immediately after use, all needles are disposed of by placing these in a puncture-resistant, leak-proof sharps container which is colored red or labeled as containing biohazardous waste. Sharps containers are located in each examination room

and the laboratory of USC Health Services. When the sharps container is 2/3 – 3/4 full, it is to be secured and locked, and placed in the biohazardous storage area pending collection and destruction.

Biohazard bags are located in all laboratory and treatment areas, and on all custodial carts. Any contaminated medical dressings that are saturated with blood are to be disposed in a biohazard-labeled bag.

Specimens of blood or other potentially infectious materials must be placed in leak proof containers.

Clean-up or "spill" kits for blood and body fluid spills are located in: the laboratory of USC Health Services, the Athletics Department, and University Police vehicles.

APPENDIX B

SAFETY PROCEDURES

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

Chemical Eyewash Stations: Chemical eyewash stations will be located in all laboratory areas for irrigation in the event of splash exposure to the mucous membrane of the eye. Eyewash stations are to be maintained in working order, and are to be checked and flushed weekly by the staff assigned to the work area with documentation of such testing.

In the event that an eyewash station is not available in the area of a splash exposure occurrence, isotonic ophthalmic irrigating solution and/or tap or bottled water can be used to flush the mucous membrane of the eye.

Material Safety Data Sheets (MSDS) should always be referenced when handling any chemical injury occurrence, and should be maintained in all departments in which these are used.

APPENDIX C

PERSONAL PROTECTIVE EQUIPMENT

Gloves shall be worn when in contact with blood or other potentially infectious materials are anticipated. Disposable non-latex, powder-free gloves are to be used to prevent allergic reactions, which may potentially become life-threatening. These should be replaced as soon as possible when torn, punctured, or the ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse according to manufacturers' recommendations. If these gloves become cracked, punctured, or torn, these must be discarded and replaced.

Masks, face shields, and goggles must be worn whenever splash, spray, or splatter of droplets of blood or other potentially infectious materials may occur.

Protective outerwear such as gowns, aprons, or lab coats/jackets shall be worn in potential occupational-exposure situations.

APPENDIX D

HOUSEKEEPING PROCEDURES

Facilities/Custodial Staff shall empty the trash, including biohazardous waste, at the end of every working day.

The sinks, countertops, and other work surfaces, including examination tables, at which blood or other potentially-infectious body fluids are collected, are to be cleaned daily by the USC Upstate Custodial Staff in all clinical settings.

Between patients, it is the responsibility of the nursing staff to clean and disinfect all examination tables and equipment in clinical areas.

The only laundry which is processed on the USC Upstate campus is collected, bagged, sorted, and cleaned is in the Athletics Department facilities, and is handled by internal guidelines established by that department. Consult department manual for specific procedures.

APPENDIX E

BLOODBORNE PATHOGEN TRAINING

Each department manger should notify the USC Upstate Risk Manager of all employees and new hires to which this policy may apply. EHS will provide the BBP training. The supervisor must ensure the employee attends the BBP training at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter. Each department is responsible for ensuring additional training is repeated on an annual basis. The training shall be tailored to the education and language level of the employee, be provided at no cost to the employee, and offered during the normal work shift. The person conducting the training shall be knowledgeable in the subject matter. The training will be interactive and cover the following:

- a copy of the standard and an explanation of its contents;
- a discussion of the epidemiology and symptoms of bloodborne diseases;
- an explanation of the modes of transmission of bloodborne pathogens;
- an explanation of the USC Upstate Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy. A copy of this plan is to be maintained in each department where applicable, and on the USC Upstate web site.
- the recognition of tasks that may involve exposure.
- an explanation of the use and limitations of methods to reduce exposure: work practice and engineering controls, and personal protective equipment (PPE)
- information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
- an explanation of the basis of selection of PPE.
- information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and offered free of charge.
- information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials. (Appendix G)
- an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- information on the evaluation and follow-up required after an employee exposure incident
- an explanation of the signs, labels, and color-coding systems.

Those who have received training on bloodborne pathogens in the twelve (12) months preceding the effective date of the standard only need training with respect to the provisions of the standard, which were not included. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure. Each department should notify Human Resources and USC Upstate Risk Manger of any changes in tasks or procedures.

APPENDIX F

TRAINING RECORDS

UNIVERSITY OF SOUTH CAROLINA UPSTATE

USC Upstate Training Log

Workshop: Date:

Instructor:

Signature	Print Name	Dept

APPENDIX G

HEPATITIS B VACCINE CONSENT/DECLINATION

UNIVERSITY OF SOUTH CAROLINA UPSTATE HEALTH SERVICES

HEPATITIS VACCINATION

The University of South Carolina Upstate offers the Hepatitis B vaccination to individuals with occupational exposure to blood or other potentially infectious material. This vaccination is given at no charge to the employee. While vaccination is encouraged, it is not mandatory. However, all employees must complete this form.

Print Name: _____ Signature: _____

Last Four Digits of Social Security #:_____ Telephone: _____

E-mail Address: _____ Department/PI:_____

Please check one of the following:

- ☐ I have previously been vaccinated for Hepatitis B. (approximate date: _____)
- ☐ I have not been vaccinated but would like to receive the vaccination.
- ☐ I have not been vaccinated and do not wish to be vaccinated at this time (If you decline, please read and sign declination below)

HEPATITIS VACCINATION DECLINATION

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus 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 vaccination, I continue to be at risk of acquiring Hepatitis B. I understand that I may change my mind at any time and elect to receive the vaccination free of charge.

_____ _____

Signature Date

_____

Health Services Signature

The completed form will be maintained in medical records at USC Upstate Health Services.

APPENDIX H

USC UPSTATE'S BLOODBORNE PATHOGENS EXPOSURE PROTOCOL

This protocol applies to all USC Upstate campus employees, student employees, apprenticeship students, and all other students who have an exposure to human blood or body fluids. You may call USC Upstate Health Services at (864) 503-5191 for any questions or additional information.

Personal action required for needlesticks and other exposures to blood or body fluids:

- If possible, wash or flush the exposed area with soap and/or water immediately.
- Seek medical treatment as soon as possible after the incident.
- Be sure to inform clinical personnel that the injury is an exposure to bloodborne pathogens and/or a needlestick. If possible, needles and other sharps should be placed in a puncture resistant container and given to the medical provider at the treatment facility.

During normal working hours: Monday-Friday, 8:30 a.m. – 5:00 p.m.:
Call (864) 503-5191.

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After normal working hours and on week-ends and holidays:

- Call USC Upstate University Police at (864) 503-7777 so the Director of Health Services can be contacted.
- Workers' Compensation covers the following populations who experience a bloodborne pathogens exposure while working on the job:
  * All university employees and apprenticeship students in the Schools of Education and Nursing who are exposed while on the job.
  * Work Study students who are exposed while on the job.

Report the incident to your supervisor as soon as possible but do not delay treatment**.**
A USC Upstate incident report will need to be completed once treatment is initiated.
Those working in satellite clinics and hospitals out of town should seek treatment at the nearest hospital's occupational health center emergency department.

<u>Students Who Suffer a Non-Job Related Bloodborne Pathogens Exposure During an Enrolled Academic Session:</u>

- <u>On-Campus</u>: Students should report to Health Services for initial evaluation and referral. If Health Services is closed, students may notify the University Police, who will contact the Director of Health Services.
- <u>Off Campus – Other Areas</u>: Students who are on academic or training experiences off campus should follow procedures specified by the training

organization. If no procedures are specified, or the student is on holiday, report to the nearest Occupational Health center or hospital emergency center.

APPENDIX I

GLOSSARY

Blood: human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), and human immunodeficiency virus (HIV)
.

Clinical Laboratory: a workspace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

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

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

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

Director: the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services (DHHS), or designated representative, unless otherwise noted in this document.

Engineering Controls: controls (e.g. sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needless systems) that isolate or remove the blood borne pathogens hazard from the workplace.

Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

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

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

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

Needless Systems: a device that does not use needles for:

- the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- the administration of medication or fluids;
- any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: reasonably anticipated skin, eye, mucous membrane, or parametric contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials:

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

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

Personal Protective Equipment: (abbreviated PPE) is specialized clothing or equipment worn by and employee for protection against a hazard. General working clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are **not** considered to be personal protective equipment.

Production Facility: a facility engaged in industrial scale, large-volume or high-concentration production of HIV or HBV.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquids or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable or releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory: a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protection: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature of mechanism that effectively reduces the risk of an exposure incident.

Sharps Injury Log: The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries for contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident,
(B) The department or work area where the exposure incident occurred, and
(C) An explanation of how the incident occurred.

(ii) The requirement to establish and maintain a sharps injury log shall apply to and employer who is required to maintain a log of occupational injuries and illnesses under 20 CFR 1904.
(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

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

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

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

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